



THE ROYAL SOCIETY

FOR THE PROMOTION

OF HEALTH

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The Sanitary Code

established by

THE PUBLIC HEALTH COUNCIL

of the

STATE OF NEW YORK

and

Administrative Rules and Regulations

of the

DEPARTMENT OF HEALTH

of the

STATE OF NEW YORK



New York State Department of Health

HERMAN E. HILLEBOE, M.D.
Commissioner

[1955-]

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1. A replacement page will be sent for each page amended.
2. Replacement pages will be accompanied by a transmittal letter.
3. The transmittal letters will be numbered in sequence. It is necessary to retain only the last transmittal letter in order to check the sequence of numbers.
4. If there should be a break in sequence, communicate with the Secretary of the Public Health Council, Department of Health, State Office Building, Albany, New York.
5. Immediately upon receipt of replacement pages, insert them in place of the obsolete pages. Discard the obsolete pages. Retain the transmittal letter and discard the previous transmittal letter.
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 - a) Consult Table of Contents for subject.
 - b) Determine Chapter and Regulation number from the Table of Contents.
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EFFECTIVE DATE

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THE SANITARY CODE ESTABLISHED BY THE PUBLIC HEALTH COUNCIL OF THE STATE OF NEW YORK

Introductory Note

The public health law of the state of New York, as amended June 1, 1954, provides as follows:

ARTICLE 2

Title II

THE PUBLIC HEALTH COUNCIL

- Section 220. Public health council; appointments; qualifications.
- 221. Public health council; terms of office; vacancies.
- 222. Public health council; meetings; by-laws.
- 223. Public health council; compensation and expenses.
- 224. Public health council; secretary, employees.
- 225. Public health council; powers and duties; sanitary code.
- 226. Sanitary code; filing and publication.
- 227. Sanitary code; certified copy; evidence.
- 228. Sanitary code; application.
- 229. Sanitary code; violations; penalties.

§ 220. Public health council; appointments; qualifications. There shall continue to be in the department a public health council to consist of the commissioner and eight members hereinafter called the appointive members, to be appointed by the governor, of whom at least four shall be physicians, and one shall be a sanitary engineer. All of the physicians so appointed shall have had training or experience in sanitary science, and at least two of the said physicians shall be physicians engaged in the active clinical practice of medicine for a period of at least five years prior to their appointment.

§ 221. Public health council; terms of office; vacancies. 1. The terms of office of members of the public health council shall be six years. The members of the council shall continue in office until the expiration of their terms and until their successors are appointed and have qualified.

2. Vacancies shall be filled by appointment by the governor for the unexpired term.

§ 222. **Public health council; meetings; by-laws.** 1. The public health council shall meet as frequently as its business may require, and at least twice in each year.

2. The governor shall designate one of the members of the public health council as its chairman.

3. The public health council shall enact and from time to time may amend by-laws in relation to its meetings and the transactions of its business.

4. All meetings of the public health council shall in every proceeding be deemed to have been duly called and regularly held, and all regulations and proceedings to have been duly authorized unless the contrary be proved.

§ 223. **Public health council; compensation and expenses.** The members of the public health council other than the commissioner of health shall each receive an annual salary not to exceed an amount appropriated therefor by the legislature and all members shall be reimbursed for their reasonable and necessary traveling and other expenses incurred in the performance of their official duties.

§ 224. **Public health council; secretary, employees.** The commissioner upon request of the public health council, shall designate an officer or employee of the department to act as secretary of the public health council, and shall assign from time to time such other employees as the public health council may require.

§ 225. **Public health council; powers and duties; sanitary code.** 1. The public health council shall, at the request of the commissioner, consider any matter relating to the preservation and improvement of public health, and may advise the commissioner thereon; and it may, from time to time, submit to the commissioner, any recommendations relating to the preservation and improvement of public health.

2. The public health council shall have no executive, administrative or appointive duties.

3. The public health council shall have power by the affirmative vote of a majority of its members to establish, and from time to time, amend and repeal sanitary regulations, to be known as the sanitary code of the state of New York, subject to approval by the commissioner.

4. The sanitary code may:

(a) deal with any matters affecting the security of life or health or the preservation and improvement of public health in the state of New York, and with any matters as to which the jurisdiction is conferred upon the public health council;

(b) prescribe the qualifications of public health personnel of the department, directors of divisions, regional health directors, state district health officers, local health officers, directors or other per-

sons in charge of laboratories, county and city health commissioners, deputy and assistant county or city health commissioners, public health nurses, public health physical therapists, public health educators, medical social workers, sanitary and public health engineers, sanitarians, sanitary inspectors, public health veterinarians, dairy and milk inspectors, operators of public sewage treatment plants and operators of public water treatment and purification plants, and the qualifications of persons not paid from public funds and who are appointed and employed after January first, nineteen hundred forty-seven, as operators of water treatment or purification plants owned or operated by water companies, corporations, a person or group of persons serving the general public residing in a political subdivision or any part thereof;

(c) establish regulations for the promotion of health in any or all Indian reservations;

(d) establish regulations in respect to the practice of midwifery;

(e) establish regulations for the maintenance of hospitals for communicable diseases;

(f) prescribe standards of efficiency for such laboratories as are under contract with the commissioner for the examination of specimens received from local health officers or physicians for routine examinations and analyses;

(g) set forth the diseases for which specimens shall be submitted for examination to a laboratory approved by the department.

(h) designate the communicable diseases which are dangerous to the public health;

(i) set forth the nature of the information required to be furnished by every physician in his notice to the department of each case of communicable disease.

(j) establish regulations in respect to contact or communication with or use of infected premises, places or things and prescribe the method or methods for the purification and cleansing of the same before general intercourse with the said premises, places or things, or use thereof is allowed;

(k) establish regulations defining the methods and precautions to be observed in disinfecting, cleansing or renovating premises vacated by persons suffering from a communicable disease;

(l) prescribe the qualifications that shall be possessed by persons in charge of diagnostic clinical laboratories as provided by the workmen's compensation law;

(m) prescribe standards for living quarters at farm labor camps, including provisions for sanitary conditions; light, air, and safety; protection from fire hazards; maintenance; and such other matters as may be appropriate for security of life or health. In the preparation of such regulations, the public health council may request and shall receive technical assistance from the board of standards and appeals

of the state department of labor and the state building code commission. Such regulations shall be enforced in the same manner as are other provisions of the sanitary code;

(n) prescribe the qualifications of occupational therapists employed in public general hospitals and tuberculosis hospitals and sanatoria maintained pursuant to the general municipal law.

§ 226. Sanitary code; filing and publication. 1. Every regulation adopted by the public health council shall state the date on which it takes effect, and a copy thereof, duly signed by the secretary of the public health council, shall be filed as a public record in the department and in the office of the secretary of state.

2. A copy of every regulation adopted by the public health council shall be sent by the commissioner to each health officer within the state, and shall be published in such manner as the public health council may from time to time determine.

§ 227. Sanitary code; certified copy; evidence. The sanitary code may be read in evidence from the official compilation of codes, rules and regulations of the state of New York, or supplement thereto. To entitle any copy of the sanitary code, other than the official compilation or supplement thereto, to be read in evidence there shall be contained in the same book or pamphlet a printed certificate of the secretary of state that such copy is a correct transcript of the text of the sanitary code as published in the official compilation or supplement thereto. For such a certificate the secretary of state shall collect such a fee as he shall deem just and reasonable.

§ 228. Sanitary code; application. 1. The provisions of the sanitary code, as to matters to which it relates, and in the territory prescribed therefor by the public health council, shall supersede all local ordinances heretofore or hereafter enacted inconsistent therewith.

2. Each city, town or village, in the manner hereinafter prescribed, may enact sanitary regulations not inconsistent with the sanitary code established by the public health council.

3. No provision of the sanitary code shall relate to the city of New York or any portion thereof, and, unless otherwise stated, every provision of the sanitary code shall apply to and be effective in all portions of the state except the city of New York.

§ 229. Sanitary code; violations; penalties. The provisions of the sanitary code shall have the force and effect of law and the violation of any provision thereof shall constitute a misdemeanor, punishable on conviction by a fine not exceeding fifty dollars or by imprisonment for not exceeding six months, or both.

CHAPTER II
Communicable Diseases

Regulation 1. Communicable diseases designated: cases and certain carriers to be reported to the state department of health.*

When used in the public health law and in this code, the term infectious, contagious or communicable disease, shall be held to include the following diseases:

Amebiasis
Anthrax
Botulism
Brucellosis (Undulant fever)
Chickenpox
Cholera, Asiatic
Conjunctivitis, purulent, of the newborn (28 days of age or less)
Diarrhea occurring in infants 28 days of age or less or weighing less than 2500 grams (5½ pounds)
Diphtheria
Encephalitis, acute
German measles
Glanders
Gonorrhea
Hepatitis, infectious
Hepatitis, serum
Leptospirosis
Malaria
Measles
Meningitis (all forms)
Meningococemia (septicemia)
Plague
Poliomyelitis
Psittacosis
Rabies
Relapsing fever (louse-borne)
Rocky Mountain spotted fever
Salmonella infection (including paratyphoid fever)
Scarlet fever (see streptococcal sore throat)
Shigellosis (bacillary dysentery)
Smallpox

Staphylococcal disease in hospitals
Streptococcal sore throat (including scarlet fever)
Suppurative disease in hospitals (occurring during hospitalization or within 28 days after discharge).

*See Public Health Law, section 225 (h).

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Regulations 1, 2

Syphilis
Tetanus
Trichinosis
Tuberculosis
Tularemia
Typhoid fever
Typhus fever
Whooping cough
Yellow fever

Upon receipt of a report of a communicable disease the local health officer shall make a copy in his record of the reports of such communicable diseases as the state commissioner of health may direct, and shall retain these copies until their destruction is authorized by the state commissioner of health, and shall forward original reports of all diseases immediately to the state department of health. In incorporated places of over 10,000 population, in lieu of an individual report of each case the local health officer may with the written consent of the state commissioner of health make such summarized reports as the commissioner may require.

The local health officer shall report promptly to the state department of health, the name, age and address of each person in his district known to be or suspected of being a carrier of the organisms of typhoid fever. He shall also make such supplementary reports of such carrier as the state commissioner of health may require. (Enacted April 7, 1914; amended March 20, 1917; May 17, 1917; December 27, 1917; June 25, 1918; October 11, 1918; May 27, 1919; November 18, 1919; April 27, 1920; May 27, 1920; February 7, 1922; June 24, 1924; January 20, 1926; April 14, 1926; May 20, 1932; January 19, 1934; March 17, 1939; September 22, 1939; February 20, 1942; May 21, 1943; November 17, 1944; May 17, 1946; September 20, 1946; January 16, 1948; October 15, 1948; March 25, 1955, September 26, 1958; March 27, 1959, and September 25, 1959, effective July 1, 1960).

Regulation 2. Reporting cases of communicable disease by physicians.* It shall be the duty of every physician to report to the local health officer, within whose jurisdiction such patient is, the full name, age and address of every person apparently affected with a communicable disease together with the name of the disease, within twenty-four hours from the time the case is first seen by him, and such report shall be by telephone or telegram when practicable, and shall also be made in writing, except that the written notice may be omitted with the approval of the state commissioner of health in incorporated places of more than 10,000 population:

Provided that when a case of communicable disease occurs in a state institution the person in charge of the institution shall report the case to the state department of health and to the county or part-county health officer, or city health officer (in cities of 50,000 population or over) in whose jurisdiction such institution is located.

*See Public Health Law, section 2101.

Provided further that when a case of tuberculosis, gonorrhea, syphilis, staphylococcal disease in hospitals or suppurative disease in hospitals occurs in a local health district of less than 50,000 population not having a full-time health officer such case shall be reported directly to the district state health officer unless the state commissioner of health shall have approved for such local health district the reporting of such cases to the local health officer.

Provided further that when a case of tuberculosis occurs in a local tuberculosis hospital or sanatorium such case shall be reported directly to the county or part-county health officer, city health officer (in cities of 50,000 population or over), or the district state health officer having jurisdiction.

Provided further that cases of gonorrhea and syphilis shall be reported in writing, and that the patient's initials and date of birth may be given in lieu of the patient's name. The physician shall keep a record of each case reported by initials and date of birth and the corresponding name of the patient together with his address. The name and address of the patient shall be reported to the local or state health official to whom the attending physician is required to report such case, upon the special request of such official if in his judgment this action may be necessary to prevent the spread of the disease to other persons.

Whenever any person suffering from gonorrhea or syphilis shall discontinue treatment while in the judgment of the attending physician he is capable of transmitting the disease to others such physician shall report immediately such facts together with the full name and address of the patient to the local or state health official to whom the attending physician is required to report such case. (Enacted April 7, 1914; amended January 22, 1916; June 25, 1918; May 1, 1929; May 20, 1932; June 23, 1936; February 20, 1942; December 17, 1943, July 22, 1948, September 26, 1958 and April 22, 1960, effective July 1, 1960.)

Regulation 2a. Reporting cases of communicable disease diagnosed after death. If a pathologist, coroner, medical examiner, or other person determines from examination of a corpse or from history of the events leading to death that at the time of death this individual apparently was affected with a communicable disease, he shall report the case promptly to the proper health authority according to the manner indicated in regulation 2 of this chapter as if the diagnosis had been established prior to death. (Enacted February 20, 1942, effective April 1, 1942.)

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Regulations 3, 4

Regulation 3. Reporting by others than physicians of cases of diseases presumably communicable.* When no physician is in attendance it shall be the duty of the head of a private household or the person in charge of any institution, school, hotel, boarding house, camp or vessel or any public health nurse or any other person having actual knowledge of an individual affected with any disease presumably communicable, to report immediately the name and address of such person to the local health officer. Until official action on such case has been taken, strict isolation shall be maintained. (Enacted April 7, 1914; amended September 16, 1914; March 4, 1915; September 18, 1914; November 20, 1924; May 1, 1929; May 20, 1932 and January 25, 1935, effective March 1, 1935.)

Regulation 4. Reporting cases of communicable disease on dairy farms.** When a case of typhoid fever, Salmonella infection (including paratyphoid fever), diphtheria, streptococcal sore throat (including scarlet fever), shigellosis (bacillary dysentery), or Asiatic cholera occurs on any farm or dairy producing milk, cream, butter, or other dairy products for sale and to be consumed in the raw state, it shall be the duty of the physician in attendance to report immediately to the local health officer the existence on such farm or dairy of such case. If no physician is in attendance it shall be the duty of the owner or person in charge of such farm or dairy to report forthwith to the local health officer the name and address of any person, who is affected with a disease presumably communicable, and who is employed or resides on or in such farm or dairy, or who comes in contact in any way therewith or with its products.

It shall be the duty of the health officer to report immediately, by telephone, telegram or in person to the county or part-county health officer, city health officer (in cities of 50,000 population or over) or district state health officer in whose jurisdiction such farm or dairy is located, the existence on such farm or dairy of a case of disease mentioned in this regulation, together with all facts as to the isolation of such case, and to give the names of the localities to which such dairy products are delivered. (Enacted April 7, 1914; amended October 15, 1915; May 17, 1917; April 27, 1920; February 13, 1923; June 24, 1924; amended and renumbered May 1, 1929; amended May 20, 1932; February 20, 1942; November 17, 1944; January 16, 1948; July 22, 1948, January 18, 1952 and September 26, 1958, effective January 1, 1959.)

*See Public Health Law, sections 2101 (2), 2103.,

**See Public Health Law, sections 225, 2101.

Regulation 5. Reporting of rabid animals and persons bitten*. Health officer to confine animal which has bitten person; to kill suspected rabid animal and send head of such to laboratory.**

1. In a county certified by the state commissioner of health as one in which rabies exists:

(a) It shall be the duty of every physician to report immediately to the local health officer the full name, age and address of any person under his care or observation who has been bitten by an animal of a species subject to rabies.

(b) If no physician is in attendance and the person bitten is a child, it shall be the duty of the parent or guardian to make such report immediately. If the person bitten is an adult, such person shall himself make the report, or, if incapacitated, it shall be made by whoever is caring for the person bitten.

(c) It shall be the duty of every person having knowledge of the existence of an animal apparently afflicted with rabies to report immediately to the local health officer the existence of such animal, the place where seen, the owner's name, if known, and the signs of infection suggesting rabies.

(d) Whenever in accordance with this regulation the health officer is notified of an animal which is of a species subject to rabies and which has bitten any person, he shall cause the animal to be confined for one week unless such animal develops active signs of rabies within that time in which case it may be killed under the direction of the health officer. The health officer shall secure and confine or cause to be secured and confined under competent observation any animal within his jurisdiction suspected of having rabies for such time as may be necessary to determine the diagnosis. If such animal cannot be secured or confined, the health officer shall cause such animal to be killed. An exception shall be made for biting bats which shall be considered presumptively rabid and killed immediately.

*See Public Health Law, Sections 323 (4-a), 2101, 2140-2146, Agriculture and Markets Law, Sections 106-127.

**For instructions as to packing and shipping and other information, see Laboratory Manual for Physicians, under Rabies.

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Regulation 5

(e) Except as hereinafter provided any animal subject to rabies, which has been bitten by a known rabid animal, or is known to have been in intimate contact with a rabid animal, shall be destroyed unless it shall be isolated for a period of four months either in a veterinary hospital approved by the health officer, or in a locked enclosure approved by the health officer as being so constructed and maintained that the animal cannot escape and cannot have contact with any other animal or human being except when absolutely necessary with the person responsible for the care of the confined animal. The expense of such isolation shall be borne by the owner. Dogs vaccinated with modified live virus vaccine within the period of three weeks to four years prior to exposure may remain at large providing a booster injection of modified live virus vaccine is given within five days of the date of exposure.

(f) An animal under such restrictions shall not be removed from one health district into another prior to the conclusion of the prescribed isolation period except with the permission of the health officer from whose district such animal is to be removed and the permission of the health officer to whose jurisdiction such animal is to be transferred. The former shall give permission only after securing the consent of the health officer to whose jurisdiction the animal is to be transferred, except that if removal is to be to New York City or into another state, he shall give permission only after securing the consent of the commissioner of health of the State of New York. Such removal shall be by private conveyance, in charge of a responsible person and conducted in such a manner as to prevent the escape of the animal or its coming in contact with other animals or persons.

2. In a county not certified by the state commissioner of health as one in which rabies exists:

(a) It shall be the duty of a physician to report immediately to the local health officer the full name, age and address of any person under his care or observation who has been bitten by an animal having rabies or suspected of having rabies. Such animal shall be confined or killed as in paragraph 1-d above.

(b) Any animal subject to rabies which has been bitten by a known rabid animal, or is known to have been in intimate contact with a rabid animal, shall be destroyed unless isolated as in paragraph 1-e above.

3. The local health officer shall report forthwith to the district or county health officer the name, age and address of every person bitten by an animal having rabies or suspected of having rabies, and all the pertinent facts relating to any animal found to have or to have had rabies. In counties certified for rabies the local health officer shall report the bite by any animal of a species subject to rabies.

4. Whenever any animal that has or is suspected of having rabies dies or is killed it shall be the duty of the health officer to cause the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the state commissioner of health. (Enacted May 17, 1917; amended September 14, 1921; June 24, 1924; January 20, 1926; December 8, 1926; amended and renumbered May 1, 1929; amended February 20, 1942; January 16, 1948; and December 16, 1955, effective January 1, 1956.)

Regulation 6. Reporting of food poisoning. Every physician, visiting nurse, public health nurse, and every superintendent or other person in charge of any school, hospital, institution, dispensary, laboratory, labor camp or other camp, who shall have knowledge of the occurrence of a number or group of cases of illness believed to have been due to the consumption of spoiled or poisonous food, shall report the same immediately, by telephone, telegram, or in person to the local health officer:

Provided that if the cases occur in a state institution said cases shall be reported to the state department of health and to the county or part-county health officer, or city health officer (in cities of 50,000 population or over) in whose jurisdiction such institution is located. (Enacted April 7, 1914; amended May 27, 1920; amended and renumbered May 1, 1929; amended December 17, 1943; and July 22, 1948, effective August 1, 1948.)

Regulation 7. Notification of outbreaks of food poisoning, diarrhea, jaundice, epidemic influenza, glandular fever, sore throat, epidemic keratoconjunctivitis, and undiagnosed febrile disease. Whenever there shall occur in any municipality an outbreak of suspected food poisoning or an unusual prevalence of diarrhea, gastroenteritis, enteritis, colitis, enterocolitis, cholera nostras, cholera infantum or other disease in which diarrhea is a prominent symptom, or whenever jaundice, epidemic influenza, glandular fever, sore throat, epidemic keratoconjunctivitis or any undiagnosed febrile disease is unusually prevalent, it shall be the duty of the health officer to report immediately by telephone, telegram or in person the existence of such an outbreak to the state department of health except that in a county or part-county health district, it shall be the duty of the part-time local health officer to report such outbreaks to the county or part-county health officer. Local health officers shall exercise due diligence in ascertaining the existence of such outbreaks or the unusual prevalence of such diseases.

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Provided that when such an outbreak occurs in a state institution, the person in charge of such institution shall report the outbreak immediately by telephone, telegram or in person to the state department of health and to the county or part-county health officer, or city health officer (in cities of 50,000 population or over) in whose jurisdiction the institution is located. (Enacted October 11, 1921; amended February 7, 1922; April 14, 1926; amended and renumbered May 1, 1929; amended May 20, 1932; January 19, 1934; November 20, 1942; December 17, 1943, and July 22, 1948, effective August 1, 1948.)

Regulation 8*

*Regulation 8 was rescinded by the Public Health Council on February 1, 1956.

Chapter II
Regulation 9
Directions Governing
Submission of Specimens

Regulation 9. Physician to submit specimens for laboratory examination in cases or suspected cases of certain communicable diseases.* A physician in attendance on a person affected with or suspected of being affected with any of the diseases mentioned in this regulation shall submit to an approved laboratory, or to the laboratory of the state department of health for examination such specimens as may be designated by the state commissioner of health, together with data concerning the history and clinical manifestations pertinent to the examination:

- Amebiasis
- Anthrax
- Brucellosis (undulant fever)
- Cholera, Asiatic
- Conjunctivitis, purulent, of the newborn (28 days of age or less)
- Diarrhea occurring in infants 28 days of age or less or weighing less than 2500 grams (5½ pounds)
- Diphtheria
- Glanders
- Malaria
- Meningitis (all forms)
- Meningococcemia (septicemia)
- Plague
- Salmonella infection (including paratyphoid fever)
- Shigellosis (bacillary dysentery)
- Syphilis
- Tularemia
- Typhoid fever
- Typhus fever

(Enacted May 1, 1929; amended May 20, 1930; June 28, 1932; June 25, 1935; May 21, 1943; November 17, 1943; January 16, 1948; December 16, 1949; June 2, 1953; March 25, 1955, May 24, 1957, and September 26, 1958, effective January 1, 1959.)

DIRECTIONS GOVERNING SUBMISSION OF SPECIMENS

*Promulgated by the Division of Laboratories and Research
(NOT a part of the Sanitary Code)*

The following specimens should be submitted for laboratory examination, together with pertinent data concerning the history and clinical manifestations necessary for the examination.

ANTHRAX

1. Exudate from the lesion on a sterile swab (tube outfit with swab);
2. Films of the exudate on glass slides (slide outfit).

*See Public Health Law, Sections 225 (4-g), 2101.

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Directions Governing Submission of Specimens

CHANCROID

In order to detect concurrent syphilitic infection, submit the specimens specified under syphilis.

CHOLERA, ASIATIC

1. A specimen of feces in a sterile container without preservative (jar outfit);
2. Ten milliliters of blood to be examined for evidence of typhoid fever (agglutination tube outfit).

DIARRHEA OF THE NEWBORN

1. A specimen of feces (typhoid jar outfit containing 10 ml. buffered 30-per-cent glycerol). If the specimen is delivered to the laboratory promptly after collection, the glycerol solution may be omitted.
2. A rectal swab (in 1-2 ml. buffered 30-per-cent glycerol) in lieu of feces, if the latter is difficult to obtain.

DIPHTHERIA

A culture from the throat on Loeffler's blood-serum medium and, if symptoms of rhinitis are observed, a culture from the nose also (diphtheria culture outfit).

DYSENTERY, AMEBIC

1. A specimen of feces in a sterile container without preservative (jar outfit);
2. A freshly passed stool specimen, for warm stage examination. The direct microscopic examination must be performed promptly, under approved laboratory auspices. Alternatively, wet-fixed films of fresh feces may be prepared and forwarded to an approved laboratory, or to the Division of Laboratories and Research. The proper fixative and instruction should be obtained from the laboratory in which the examination is to be made.

DYSENTERY, BACILLARY

1. A specimen of feces (typhoid jar outfit containing buffered 30-per-cent glycerol);
2. Ten milliliters of blood to be examined for evidence of typhoid fever (agglutination tube outfit).

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Directions Governing Submission of Specimens

GLANDERS

1. Ten milliliters of blood (agglutination tube outfit).
2. A specimen of discharge on a sterile swab (tube outfit with swab);
3. Films of discharge on glass slides (slide outfit).

MALARIA

Both thick and thin films of blood on glass slides collected preferably between twelve and twenty-four hours after a chill (slide outfit).

MENINGITIS (ALL FORMS)

A specimen of spinal fluid in a sterile container (tube outfit-swab or needle removed).

MENINGOCOCCEMIA (SEPTICEMIA)

Blood cultural tests should, if possible, be made in a nearby approved laboratory. Otherwise 10 ml. of blood shall be submitted (agglutination tube outfit).

OPHTHALMIA NEONATORUM

Films of the exudate from the eye on glass slides (gonorrhea slide outfit).

PLAGUE

1. A specimen of discharge or aspirated fluid, if a bubo is present (tube outfit with swab).
2. Ten milliliters of blood (agglutination tube outfit).
3. In the pneumonic type of plague, a specimen of sputum (jar outfit).

SYPHILIS

1. Fluid from the lesion to be examined for *Treponema pallidum* (chancre fluid outfit containing capillary tubes);

2. Ten milliliters of blood for serologic tests for syphilis (syphilis tube outfit);

3. When laboratory tests fail to disclose evidence of syphilitic infection, 10 ml. of blood for the complement-fixation (Wassermann) test, taken at weekly intervals until eight weeks have elapsed following the appearance of the primary lesion, unless evidence of syphilis is obtained earlier.

4. When central nervous system syphilis is suspected or before any syphilitic patient is discharged as arrested or cured, 5 ml. of cerebrospinal fluid for the complement-fixation (Wassermann) test and other

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Directions Concerning Submission of Specimens

tests for abnormalities. Send with each specimen of cerebrospinal fluid 10 ml. of the patient's blood, taken at the time the specimen of cerebrospinal fluid was obtained for examination (outfit for blood and cerebrospinal fluid).

TULAREMIA

1. Ten milliliters of blood (agglutination tube outfit).
2. If ulcerating lesions are present, films of discharge on glass slides (slide outfit), and a specimen of discharge on a sterile swab (tube outfit with swab).

TYPHOID FEVER and OTHER SALMONELLA INFECTION (Including Paratyphoid Fever)

1. Ten milliliters of blood to be examined for evidence of typhoid fever (agglutination tube outfit).
2. A specimen of fluid feces (typhoid jar outfit containing buffered 30-per-cent glycerol) and, if there is evidence of localization in the genitourinary tract, a specimen of urine (typhoid jar outfit containing buffered 30-per-cent glycerol).

TYPHUS FEVER

1. Ten milliliters of blood (agglutination tube outfit).
2. A specimen of feces to be examined for evidence of typhoid fever (typhoid jar outfit containing buffered 30-per-cent glycerol).

UNDULANT FEVER

Ten milliliters of blood (agglutination tube outfit).

Regulation 10*

*Regulation 10 was rescinded by the Public Health Council on September 26, 1958.

Chapter II

Regulations 11, 12, 13

Regulation 11. Physician to isolate person with communicable disease and give instructions regarding prevention of spread of the disease.* It shall be the duty of the attending physician immediately upon discovering a case of communicable disease to cause the patient to be isolated, pending official action by the health officer. Such physician shall also advise other members of the household regarding precautions to be taken to prevent further spread of the disease and shall inform them as to appropriate specific preventive measures. He shall in addition furnish the patient's attendant with such detailed instructions regarding the disinfection and disposal of infective secretions and excretions as may be prescribed by the state commissioner of health. (Enacted April 7, 1914; amended May 1, 1929; May 20, 1932, and June 28, 1932, effective September 1, 1932.)

Regulation 12. (RESCINDED)

Regulation 13. Health officer to investigate cases of communicable disease, to ascertain sources of infection, to seek out contacts and to take other steps to reduce morbidity and mortality. Except for diseases for which equivalent measures of investigation and control are specifically provided in other regulations of this code, it shall be the duty of the health officer, either personally or through a qualified representative, immediately upon receiving a report of a case of communicable disease:

(a) To make such an investigation as the circumstances may require for the purpose of verifying the diagnosis, ascertaining the source of infection and discovering contacts and unreported cases;

(b) To collect and submit, or cause to be collected and submitted, for laboratory examination such specimens as may furnish necessary or desirable information in determining the source of infection or in assisting diagnosis; and to furnish or to cause to be furnished with the specimens pertinent data on forms prescribed by the state commissioner of health in regard to the history of the cases, the physical findings and the epidemiological investigation which indicate the need for the examinations requested;

(c) To give to a responsible member of every household living in the building in which such case exists or was taken sick, such appropriate circular as may be issued or approved by the state commissioner of health;

*See regulations 14-18.

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Regulations 13, 14

(d) To assure himself that proper bedside disinfection is being employed, to instruct a responsible member of the household of the means to be taken to prevent further spread of the disease and to put into effect those other recognized measures which tend to reduce morbidity and mortality. (Enacted May 1, 1929; amended May 20, 1932; and June 29, 1938, effective June 29, 1938.)

Regulation 14. Contacts, date of last exposure, isolation and quarantine defined. For the purposes of this chapter:

(a) The term *household contacts* shall include every person in a household wherein a case of communicable disease exists. By an "adult" is meant an individual fifteen years of age or over.

(b) The term *incidental contacts* shall include persons other than household contacts who have been in contact with a person affected with a communicable disease.

(c) The *date of last exposure of household contacts* shall be the date of the removal of such household contacts to premises other than those where the case exists, or the date of the removal of the patient to other premises, or the date of release of the patient from isolation.

(d) *Isolation*, except as specifically modified in other regulations of this code, shall consist of

(1) Either (a) the care of the patient in a hospital approved by the local health officer for the care of such patients, or

(b) The continuous separation of the patient or patients in a room used for no purpose other than their care from all persons except the physician and nurse or other person in attendance and such others as may be authorized by the health officer; and

(2) Disinfection of any article likely to convey infection, before its removal from such hospital or room.

(e) *Quarantine of premises*, except as specifically modified in other regulations of this code, shall consist of

(1) Prohibition of entrance into or exit from the premises, as designated by the health officer, where a case of communicable disease exists of any person other than medical attendants and such others as may be authorized by the health officer.

(2) Prohibition, without permission and instruction from the health officer, of the removal from such premises of any article liable to contamination with infective material through contact with the patient or with his secretions or excretions, unless such article has been disinfected.

(3) Posting and maintaining at the entrance of the premises where a case exists a placard stating the existence therein of a communicable disease.

(f) *Personal quarantine* shall mean restricting household contacts and/or incidental contacts to premises designated by the health officer. (Enacted May 1, 1929; amended May 20, 1932; November 17, 1944, and January 16, 1948, effective May 1, 1948).

Regulation 15. Persons suffering from certain communicable diseases to be isolated. Whenever a case of chickenpox, purulent conjunctivitis of the newborn, German measles, infectious hepatitis, measles, meningitis (all forms), meningococcemia (septicemia), poliomyelitis, streptococcal sore throat, (including scarlet fever), typhoid and Salmonella infection (including paratyphoid fever), and shigellosis (bacillary dysentery) comes to the attention of the health officer, he shall establish and maintain isolation of such case for the period specified herein; when isolation on the premises is impracticable, the health officer may cause the removal of the patient to a suitable hospital.

Chickenpox: Until recovery.

Conjunctivitis, purulent, of the newborn: Until two successive specimens of the discharges obtained from each eye, taken at intervals of not less than 48 hours, shall have been found free from gonococci or other causative microorganisms in an approved laboratory or in the Laboratory of the State Department of Health.

German measles: Until recovery.

Hepatitis, Infectious: During first week of illness.

Measles: Until recovery.

Meningitis (all forms) or meningococcemia (septicemia): Until end of the febrile stage.

Poliomyelitis: Until end of the febrile stage.

Streptococcal sore throat (including scarlet fever): Until clinical recovery.

Typhoid fever: Until clinical recovery. The patient shall conform to the regulations for the control of typhoid carriers until three successive specimens of feces passed not less than two weeks after the last administration of any antibiotic or chemotherapeutic agent at an interval of not less than five days shall have been examined in an approved laboratory or in the Laboratory of the State Department of Health and found to be free from typhoid bacilli; a person who has recovered from typhoid fever shall not engage in the handling of milk, dairy products, or other foods until all secondary or complicating infections incited by the agents of this disease have disappeared and until three successive specimens of feces and urine passed not less than two weeks after the last administration of any antibiotic or other chemotherapeutic agent and at intervals of not less than five days have been examined in an approved laboratory or in the Laboratory of the State Department of Health and found to be free from typhoid bacilli. Should the organism of typhoid fever be present one year after such person has recovered from typhoid fever, he shall be released from the restrictions for typhoid carriers only with the approval of the state commissioner of health.

Salmonella infection (including paratyphoid fever): For five days after clinical recovery from the disease except that no person shall

engage in the handling of milk, dairy products or other foods until clinical recovery and until two successive specimens of intestinal discharges, passed not less than one week after the date of onset and at intervals of not less than 24 hours shall have been examined in an approved laboratory or in the Laboratory of the State Department of Health and no bacilli of the Salmonella group shall have been found.

Shigellosis (bacillary dysentery): For five days after clinical recovery from the disease except that no person shall engage in the handling of milk, dairy products or other foods until clinical recovery and until two successive specimens of intestinal discharges passed not less than one week after the date of onset and at intervals of not less than 24 hours shall have been examined in an approved laboratory or in the Laboratory of the State Department of Health and found to be free from organisms of the dysentery group. (Enacted April 7, 1914; amended October 5, 1915; May 17, 1917; June 25, 1918; August 1, 1918; December 4, 1918; January 10, 1919; December 7, 1920; September 14, 1921; March 7, 1922; June 24, 1924; March 11, 1925; amended and renumbered May 1, 1929; amended October 9, 1929; May 20, 1932; January 21, 1938; February 20, 1942; June 27, 1944; November 17, 1944; January 16, 1948; November 19, 1948; February 20, 1957; September 26, 1958 and February 24, 1961, effective April 1, 1961.)

Regulation 16. Persons suffering from certain communicable diseases to be isolated and their contacts to be quarantined. Whenever a case of smallpox, Asiatic cholera, plague or typhus fever shall come to the attention of the health officer he shall isolate such case and establish and maintain quarantine of the contacts for the periods hereinafter provided. When isolation on the premises is impracticable, the health officer shall cause the removal of the patient to a suitable hospital or other building where isolation is practicable.

Smallpox: ISOLATION of the patient until fourteen days after the development of the disease and until all skin lesions have healed. QUARANTINE of contacts who have not been previously vaccinated or have not had a previous attack of smallpox until three weeks after last exposure except that household contacts who do not continue to reside on the same premises as the patient and all other contacts who are successfully vaccinated *within three days* following first exposure may be released from quarantine after the reaction to vaccination has reached its height. Such contact shall be kept under daily observation by the health officer until three weeks have elapsed from the date of last exposure.*

Contacts presenting evidence satisfactory to the health officer of previous successful vaccination or a previous attack of smallpox, who do not reside or continue to reside on the same premises with the patient, and upon revaccination show either an immune or an accelerated reaction, may be released from quarantine after the vaccinia reaction has reached its height. Such contact shall be kept under daily observation by the health officer until three weeks have elapsed from the date of last exposure.*

*See Public Health Law, Article 21, and Approved Methods of Vaccination.

QUARANTINE OF PREMISES: Until release or removal of the patient and the household contacts.

Cholera, Asiatic: Until release by the health officer.

Plague: Until release by the health officer.

Typhus fever: Until release by the health officer. (Enacted April 7, 1914; amended June 26, 1929; October 27, 1939 and November 19, 1948, effective January 1, 1949.)

Regulation 17. Diphtheria. Isolation of case, quarantine of children of household and modified quarantine for adult household contacts. Whenever a case of diphtheria shall come to the attention of the health officer, he shall isolate the patient and establish and maintain quarantine for the periods hereinafter stated, provided however that if a case of diphtheria is properly isolated on the premises, quarantine shall be so modified as to permit adult household contacts, who have no abnormal nasal discharge, abnormal pharyngeal mucosa, or other clinical evidence of infection and will not be subsequently exposed to the patient, or his secretions or excretions, to follow any vocation which does not involve close association with children. When isolation on the premises is impracticable, the health officer may cause the removal of the patient to a suitable hospital.

Diphtheria: ISOLATION until two successive cultures/ taken from the nose and throat at intervals of not less than twenty-four hours have been found free from diphtheria bacilli in an approved laboratory, or in the Laboratory of the State Department of Health, the first of such cultures being taken not less than one week from the day of the onset of the disease; except that if diphtheria bacilli continue to be present in cultures, the health officer in his discretion may release the patient from isolation 30 days after clinical recovery, provided the mucous membranes appear normal and there are no abnormal discharges from the nose, throat or ears.

PERSONAL QUARANTINE of household contacts except as otherwise provided herein until cultures taken from both nose and throat subsequent to last exposure have been found free from diphtheria bacilli in an approved laboratory, or in the Laboratory of the State Department of Health, except that if diphtheria bacilli continue to be present in cultures, the health officer in his discretion may release such household contacts from quarantine 30 days after last exposure to the patient provided that the mucous membranes are normal and there are no abnormal discharges from the nose, throat or ears. (Enacted April 7, 1914; amended April 27, 1920; June 24, 1924; May 1, 1929; May 20, 1932; June 26, 1934; March 15, 1935; March 19, 1937; February 20, 1942; June 27, 1944; November 17, 1944; May 17, 1946; January 16, 1948 and February 20, 1957, effective March 1, 1957.)

Chapter II

Regulations 18, 19, 20, 21

Regulation 18. Whooping cough cases to be restricted. A person suffering from whooping cough shall not be permitted to associate with children or attend public assemblies nor shall such a person, if a child, be permitted to leave the premises whereon he resides unless accompanied by an adult guardian who shall prevent contact with children. Such restrictions shall be maintained until the characteristic coughing has ceased and for one week thereafter provided that the maximum period of restriction shall be eight weeks. (Enacted May 1, 1929, effective July 1, 1929.)

Regulation 19. Interference with placards prohibited. No person shall interfere with or obstruct any health authority in the posting of any placard stating the existence of a case of communicable disease, in or on any place or premises, nor shall any person conceal, mutilate, or remove any such placard, except by permission of the health officer.

In the event of any such placard being concealed, mutilated or torn down it shall be the duty of the occupant of the premises whereon such placard was posted immediately to notify the health officer of such fact. (Enacted April 7, 1914, and amended and renumbered May 1, 1929, effective July 1, 1929.)

Regulation 20. Removal of cases of communicable diseases from one health district to another restricted. Except as hereinafter provided no person affected with a disease mentioned in regulations 15 to 18 inclusive of this chapter shall be removed from one health district into another except with the permission of the health officer from whose district such person is removed and the permission of the health officer to whose jurisdiction such person is to be transferred. The former shall give permission only after securing the consent of the health officer to whose jurisdiction the person is to be transferred except that the latter's permission need not be obtained if the patient is brought into a municipality solely for hospitalization in an institution approved by that municipality's health officer for admission of the type of case in question. Such removal shall be by means of a private conveyance, in charge of a responsible person and conducted in such manner as to prevent the exposure of other persons to the patient. (Enacted April 7, 1914; amended May 17, 1917; April 27, 1920; December 7, 1920; June 24, 1924; amended and renumbered May 1, 1929; and amended February 20, 1942, effective April 1, 1942.)

Regulation 21. (RESCINDED)

Regulation 22. Handling of food forbidden in certain cases.* No person who suffers from cholera, amebiasis or shigellosis (bacillary dysentery), streptococcal sore throat (including scarlet fever), Salmonella infection (including paratyphoid fever), poliomyelitis, diphtheria, tuberculosis, or typhoid fever, or is a carrier of the organisms causing amebiasis or shigellosis (bacillary dysentery), Salmonella infection (including paratyphoid fever), or typhoid fever, shall serve or handle in any manner whatsoever, food intended for sale. (Enacted April 7, 1914; amended May 17, 1917; June 24, 1919; April 27, 1920; May 27, 1920; June 24, 1924; amended and renumbered May 1, 1929; May 20, 1932; amended February 20, 1942; November 17, 1944; January 16, 1948, and September 26, 1958, effective January 1, 1959.)

Regulation 23. Destruction of foods in certain cases.* When a case of diphtheria, streptococcal sore throat (including scarlet fever), amebiasis or shigellosis (bacillary dysentery), Salmonella infection (including paratyphoid fever), poliomyelitis or typhoid fever exists on any farm or dairy producing milk, cream, butter, cheese, or other foods likely to be consumed raw, the state commissioner of health or the local health officer may destroy or order the destruction of any such foods which in his opinion may have been infected. (Enacted April 7, 1914; amended September 16, 1914; May 17, 1917; June 24, 1919; April 27, 1920; June 24, 1924; amended and renumbered May 1, 1929; May 20, 1932; amended February 20, 1942; November 17, 1944, January 16, 1948, and September 26, 1958, effective January 1, 1959.)

Regulation 24. Sale of food forbidden in certain cases.* When a case of diphtheria, streptococcal sore throat (including scarlet fever), shigellosis (bacillary dysentery), Salmonella infection (including paratyphoid fever), or typhoid fever exists on any farm or dairy producing milk, cream, butter, cheese, or other milk products, no such substances shall be sold or delivered from such farm or dairy, except to a plant in which all the milk, cream or milk products before delivery to the consumer, are:

- (1) pasteurized, or
- (2) made into evaporated milk, condensed milk, dried milk, butter or cheese, in the process of which the milk or the product undergoes heating equivalent to pasteurization, or
- (3) made into cheese which is allowed to ripen or cure at a temperature of not less than 35 degrees Fahrenheit for a period of not less than 60 days. (Enacted April 7, 1914; amended September 16, 1914; May 7, 1917; June 24, 1919; April 27, 1920; June 24, 1924; May 5, 1925; amended and renumbered May 1, 1929; amended May 20, 1932; January 19, 1934; January 21, 1938; November 17, 1944; May 17, 1946; January 16, 1948; January 18, 1952, and September 26, 1958, effective January 1, 1959.)

*See regulation 4; Public Health Law, Article 21; Labor Law, section 333.

Chapter II

Regulations 25, 26

Regulation 25. Cleansing, renovation or disinfection, when required.*

Adequate cleansing, renovation or disinfection of rooms, furniture, clothing and belongings when deemed necessary by the health officer or required by the public health law or by this code shall immediately follow release, death or removal of a person affected with a communicable disease. Such cleansing, renovation or disinfection shall be done under the direction of the health officer. Furniture, bedding, clothing, carpets, rugs or other articles which may have been contaminated with infective material and which are of such nature or in such condition that they cannot, in the opinion of the health officer, be properly cleansed or disinfected, shall upon his order be destroyed in the manner designated by him. (Enacted April 7, 1914; amended and renumbered May 1, 1929, and May 20, 1932, effective September 1, 1932.)

Regulation 26. Gonorrhea and syphilis cases to be instructed, forbidden certain occupations, and otherwise restricted. Records not to be disclosed. It shall be the duty of a physician on the occasion of the first visit to or by a person suffering from gonorrhea or syphilis to instruct said person in the precautions to be taken to prevent communication of the disease to others, and to inform him of the necessity of continuing treatment until secure, and further to give him a circular of information and advice issued or approved by the state commissioner of health.

No person suffering from the active form of gonorrhea or syphilis shall engage in any occupation involving intimate contact with children.

When a person suffering from gonorrhea or syphilis is reported by the attending physician in accordance with the requirements of regulation 2 of this chapter as having discontinued treatment while potentially infectious, the state or local health officer to whom such cases of disease are reportable either personally or through a qualified representative, shall immediately make an investigation and, if in the judgment of the state or local health officer concerned further treatment is necessary to prevent the spread of disease, he shall require the patient to submit to such treatment.**

When a person affected with gonorrhea or syphilis conducts himself so as to become a menace to the health of another person the state or local health officer to whom such cases of disease are reportable may cause his isolation as defined in regulation 14 of this chapter and article 23, section 2303 of the Public Health Law for such a period as the state or local health officer concerned may deem necessary.

Records of the state department of health or of any local department of health or local health officer having custody of such records or of any laboratory, clinic or other institution relating to cases of gonorrhea or syphilis shall be confidential, except that access to such records other than laboratory reports by representatives of official public agencies or non-official agencies concerned with the control of

*Thorough cleansing, the use of soap and water, and full exposure to fresh air and sunlight are most efficient means of removing infective material, not only from the walls and floors of rooms, but also from furniture and other articles.

**See Public Health Law, section 2303.

such diseases may be permitted at the discretion of the state or local health officer having custody of such records. A statement that a report has been received from a physician of the existence of gonorrhea or syphilis in an individual may be made to an agency as above indicated by a state health officer, or local health officer having custody of gonorrhea or syphilis case records, when in his judgment such disclosure will serve the best interest of the patient or his family, or contribute to the protection of the public health. An official or other person to whom such information is furnished or to whom access to such records has been given shall not disclose any such information except insofar as is necessary to serve the best interest of the patient or his family, or contribute to the protection of the public health. (Enacted March 20, 1917; amended May 17, 1917; June 25, 1918; amended and renumbered May 1, 1929; May 20, 1932; amended November 18, 1938; May 19, 1939; February 20, 1942; March 26, 1954 and September 26, 1958, effective January 1, 1959.)

Regulation 27. Reported apparent cases of tuberculosis to be investigated; instruction by physician. Upon receiving a duly signed report of a person who appears to be suffering from tuberculosis pursuant to sections 2100 and 2222 of the Public Health Law, the state or local health officer to whom such cases are reportable shall cause an examination to be made of the case if it has not been previously reported by a physician as a case of pulmonary tuberculosis and shall take such further measures as may be indicated as a result of such examination; if such a person has been reported to him previously by a physician as one suffering from pulmonary tuberculosis, the state or local health officer concerned shall ascertain promptly whether such physician is maintaining proper sanitary supervision.

It shall be the duty of a physician in attendance on a person affected with active pulmonary tuberculosis to instruct such person or a responsible member of his family not to permit intimate contact of the patient with children nor to engage in any occupation involving the handling of food. (Enacted December 7, 1915; amended and renumbered May 1, 1929; renumbered May 20, 1932; amended November 18, 1938; February 20, 1942, and March 26, 1954, effective June 1, 1954.)

Regulation 28. Reports of tuberculosis cases confidential.* A state or local health officer authorized by law to receive laboratory or other reports relating to cases of tuberculosis may disclose information contained in such reports only when in his judgment it will serve the best interest of the patient or his family, or contribute to the protection of the public health. Such officer may, subject to the foregoing purposes, permit access to such reports by representatives of official or non-official agencies concerned with the control of tuberculosis. (Enacted February 2, 1915 as part of Chapter VII; transferred and renumbered May 20, 1932; amended November 18, 1939 and June 27, 1944, effective July 5, 1944.)

*See Public Health Law, section 2221 and regulation 29.

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Regulations 29, 30, 31

Regulation 29. Tuberculosis records.** In any action or prosecution for violation of any of the provisions of the Public Health Law, of the Sanitary Code, or of the ordinances or regulations of any local board of health, the person in charge of tuberculosis records or reports made in pursuance of the provisions of sections 2220 and 2221 of the Public Health Law may in obedience to a duly issued and served subpoena produce and allow to be placed in evidence the whole or any part of such records insofar as the same shall be deemed relevant by the court or by the judge presiding. (Enacted June 25, 1918 as part of Chapter VII; transferred and renumbered May 20, 1932; amended November 18, 1938 and March 26, 1954, effective June 1, 1954.)

Regulation 30. Health officer to inspect boarding or lodging houses in certain cases. Every boarding house or lodging house where a person or persons affected with tuberculosis may be boarded or lodged shall be inspected by the health officer of the municipality, whose duty it shall be to see that the requirements of the public health law and the sanitary code are complied with, and to furnish for posting such sections of the sanitary code and the public health law as may be required by the state commissioner of health. It shall be the duty of the proprietor or other person in charge of such boarding or lodging house to post in a conspicuous place such sections of the sanitary code and the public health law. (Enacted March 20, 1917 as part of Chapter VIII; renumbered June 27, 1928; transferred, amended and renumbered May 20, 1932, effective July 1, 1932.)

Regulation 31. Carriers of disease germs defined; subject to restrictions*. For the purpose of the public health law and this code a carrier of disease germs is a person in whose secretions or excretions the germs of a communicable disease are present but who does not present clinical evidence of such disease.

A person shall be deemed a carrier of disease germs if

(1) the germs of communicable disease are found in his secretions or excretions by an approved laboratory; or

(2) epidemiological evidence points to such person as the source of one or more cases of communicable disease and such person refuses to submit specimens of his bodily secretions or excretions for laboratory examination; or

(3) such person is reported as a carrier of disease germs to the state department of health by the health authorities of New York city or of any state or nation.

In typhoid fever a person shall be considered a carrier who has not suffered from the disease within ten days, provided that any person, in whose feces or urine or other discharge from the body typhoid bacilli are present, who has not suffered from typhoid fever within one year may be declared by the state commissioner of health to be a chronic typhoid carrier. (Enacted April 7, 1914; amended April 27, 1920; June 24, 1924; amended and renumbered May 1, 1929; amended October 9, 1929; amended and renumbered May 20, 1932; amended January 21, 1938; February 20, 1942; October 8, 1943 and January 16, 1948, effective May 1, 1948.)

**See regulation 28.

*See Public Health Law, sections 225, 2150.

Regulation 32. Duties of health officers in relation to typhoid carriers. The health officer, upon the determination that a person is a typhoid carrier, shall immediately report the fact to the state department of health giving the full name, age, occupation and address of such carrier, together with any other information relative to possible or probable infection of others. He shall also inform such person, or in the case of a minor, his guardian, that he is a typhoid carrier and shall give instructions in detail as to the precautions to be observed in preventing the spread of typhoid fever. Instructions given by the health officer shall include a copy of regulation 33 of this chapter and directions to wash the hands thoroughly with soap and water immediately after using the toilet and to use individual towels.

The health officer shall inform the head of the household in which a carrier resides that such an individual is a typhoid carrier and of the precautions to be observed, and no persons other than members of the family to which the carrier is immediately related, shall continue to be or become a member of the household in which the typhoid carrier lives, except with the permission of the health officer, and then only after the head of the household has first informed such person, or in the case of a minor, his parent or duly appointed guardian, of the presence of such carrier in the household.

The local health officer, either personally or through a qualified representative, shall visit each typhoid carrier in his jurisdiction at least once in each quarter of every year, in order to assure himself that the requirements of this code/ for the control of typhoid carriers are being complied with and once in each quarter shall render a report regarding each such carrier to the state department of health upon a form prescribed for that purpose. (Enacted May 20, 1932, effective September 1, 1932.)

Regulation 33. Control of typhoid carriers. (1) The urine and feces of a typhoid carrier shall be disposed of in such a manner that they will not endanger any public or private water supply or be accessible to flies.

(2) No typhoid carrier shall prepare or handle any food or drink to be consumed by persons other than members of the household with whom he resides.

(3) No typhoid carrier shall conduct or be employed in any restaurant, hotel, or boarding house.

(4) No typhoid carrier shall reside or be employed in a boarding home for children.

(5) No typhoid carrier shall engage in the occupation of nurse, cook, waiter, nursemaid or in any other occupation involving the handling of milk, cream, milk products, or utensils used in the production thereof.

(6) No typhoid carrier shall be permitted to reside on premises on which one or more cows are kept except under conditions to be prescribed by the health officer, which conditions shall include a written agreement signed by the carrier, or if the carrier be a minor, by his parent or duly appointed guardian and by the owner of the cows or his representative. Such agreement shall stipulate either

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Regulations 33, 34

(a) that no milk, cream or other dairy products from such premises will be sold, or given away to persons other than members of the household residing on such premises, or

(b) that milk and cream will be sold from such premises only after a special permit is issued by the local health officer and countersigned by the district state health officer and the local health officer of the jurisdiction in which the milk or cream is to be sold, provided, however, that a county or part-county health commissioner or city health officer (in cities of 50,000 population or over) may issue such permit directly. Such permit and agreement shall provide that

(1) the milk or cream be sold only to the individual or firm designated in the permit, which individual or firm restricts its output to a pasteurized product.

(2) the carrier will not engage in any activities involving milking or the handling of milk, cream or dairy utensils, or enter the milk house or barns where the milk-producing cows are kept.

(3) no milk or cream which is to be subsequently sold nor any utensils used in the production of milk or cream shall be brought into the house occupied by the carrier.

(4) no changes shall be made in the source of the water supply or in the system by which it is distributed on the farm, nor in the means of sewage disposal, except with the approval of the local health officer, provided, however, that a county or part-county health commissioner, or city health officer (in cities of 50,000 or over) may give such approval.

(5) all other members of the carrier's household except those who have had typhoid fever, shall have been vaccinated against typhoid fever.

(7) No typhoid carrier shall change his usual place of abode without first notifying the local health officer giving the proposed new address, and the health officer shall immediately inform the state department of health and the health officer into whose jurisdiction such carrier is to remove. (Enacted May 20, 1932; amended January 19, 1934; February 20, 1942 and July 22, 1948, effective August 1, 1948.)

Regulation 34. Release of typhoid carriers from control restrictions.

A chronic typhoid carrier may be released from restrictions only on approval of the state commissioner of health, and for a chronic carrier in whose feces typhoid bacilli have been found release may be granted only after submission of the following evidence:

(1) That the gall bladder has been removed;

(2) That subsequent to the removal of the gall bladder, each of three specimens of the duodenal contents taken in a hospital at intervals of not less than 24 hours, has been examined in an approved laboratory or in the laboratory of the state department of health and found to contain no typhoid bacilli;

(3) That each of at least eight successive specimens of liquid feces and eight successive specimens of urine, taken on separate days, in a hospital or under other circumstances which do not permit of substitu-

tion, has been examined in an approved laboratory or in the laboratory of the state department of health and found to contain no typhoid bacilli;

Provided, however, if the laboratory of the state department of health finds no Vi agglutinative properties in the blood of the carrier, he may be released from restrictions upon satisfactorily complying with the provisions of paragraph 3 above and the requirements concerning duodenal contents in paragraph 2, but without the requirement for removal of the gall bladder. (Enacted May 20, 1932 and amended May 17, 1949 and December 7, 1956, effective January 1, 1957.)

Regulation 35. (RESCINDED)

Regulation 36. Duties of undertakers. It shall be the duty of every person taking charge of the preparation for burial of the body of any person to ascertain whether such person died of a communicable disease, and if such person died of Asiatic cholera, glanders, plague, smallpox, or typhus fever, it shall be his duty to cause it promptly to be placed in a coffin or casket, which shall then be immediately and permanently closed. This regulation shall not be construed to prohibit the embalming of any such body, but if the body is to be embalmed the undertaker shall cause such embalming to be done immediately upon taking charge of the body, except that, when a permit for embalming is required this shall not proceed until the receipt of such permit. Immediately after the embalming he shall cause such body to be placed in a coffin or casket as hereinabove directed.

After handling, embalming, or preparing for burial the body of a person dead of a communicable disease, such parts of the person's garments, and utensils or other articles of the undertaker or his assistants, as may have been liable to contamination with infective material, shall be immediately cleansed or disinfected or sterilized.

After handling the body of a person who has died of smallpox, the undertaker or embalmer and any of his assistants shall be subject to regulations of this code pertaining to smallpox contacts. (Enacted April 7, 1914; amended February 2, 1915; June 24, 1924; amended and renumbered May 1, 1929; May 20, 1932; and amended November 17, 1944, effective January 1, 1945.)

Regulation 37. Definition of Staphylococcal disease in hospitals and of Suppurative disease in hospitals: (1) Staphylococcal disease in hospitals shall include disease caused by staphylococcus aureus in persons working in hospitals or similar institutions. It shall also include disease caused by staphylococcus aureus occurring in persons admitted to hospitals or similar institutions whether developing prior to admission, during hospitalization or within 28 days following discharge.

(2) Suppurative disease in newborn infants and in clean surgical wounds occurring during hospitalization or within 28 days after discharge from a hospital or similar institution. (Enacted September 25, 1959, effective July 1, 1960.)

CHAPTER III

MILK AND MILK PRODUCTS

SECTION A -- DEFINITIONS

Regulation 1. Definitions. The following definitions shall apply unless otherwise expressly stated:

a. "Bottle" means a container of glass so constructed as to be closed with a single service closure.

b. "Bottling" means the filling of bottles or single service containers.

c. "Broker" means a person who purchases and sells, offers for sale, or delivers to processors or distributors, milk or milk products not processed in a plant operated by such person.

d. "Coliform count" means the number of coliform bacteria as determined by a method adopted as standard by the state commissioner of health.

e. "Consumer" means any person who obtains milk or milk products to be used as such by himself or others or for service as food or as a beverage.

f. "Dairy farm" means the place where milk is produced for ultimate sale as milk or milk products.

g. "Direct microscopic count" means the bacterial count as determined by a direct microscopic method adopted as standard by the state commissioner of health.

h. "Direct shipment" means the delivery in containers filled at a dairy farm or in a farm transportation tank, of prepasteurized milk which has not passed through a processing plant.

i. "Distribute" means to sell, offer for sale or deliver to consumers, storekeepers or distributors.

j. "Distributor" means a person holding a permit to sell milk or milk products to consumers, storekeepers or other distributors.

k. "Farm transportation tank" means a tank used to transport milk in bulk from dairy farms to a processing plant.

l. "Health officer" means a health commissioner or health officer of a city, or his deputy; a health commissioner or deputy health commissioner of a county or part-county health district; or a health officer of a town, village or consolidated health district.

m. "Hermetically sealed" means sealed air-tight by a process of fusion or by a process of wedging or crimping.

n. "Milking animal" means milch cow or milch goat.

o. "Milk product" means cream, half and half, skim milk, buttermilk, cultured buttermilk, cultured skim milk, cultured milk, cultured cream, salad cream or sour cream, concentrated or condensed milk, modified milk, modified skimmed milk, concentrated or condensed skim milk, mineral modified milk or mineral modified skim milk, low sodium milk, flavored milk and flavored drinks containing milk, skim milk or cream to which any substance has been added. The terms "skim milk" and "skimmed milk" shall be identical and interchangeable, except in relation to modified skimmed milk.

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p. "Official sample" means a sample collected by the permit issuing official or the health officer or an authorized representative of either, for examination in a laboratory approved for the purpose by the state commissioner of health.

q. "Pasteurized" means:

(1) Every particle of the milk or milk product has been subjected to a temperature of 145°F. or more continuously for not less than 30 minutes in pasteurizing apparatus of a type acceptable to the state commissioner of health, or

(2) Every particle of such milk or milk product has been subjected to a temperature of 161°F. or more continuously for not less than 15 seconds in pasteurizing apparatus of a type acceptable to the state commissioner of health, or

(3) Containing or made from none other than milk or milk products which have been pasteurized as defined in (1) and (2).

r. "Permit issuing official" means a health commissioner or a health officer of a city of 50,000 population or over, a health commissioner or health officer of a county or part-county health district or a state district health officer. The state commissioner of health may designate a health officer of any village, town or consolidated health district or city having a population of less than 50,000 as the permit issuing official for a specific plant.

s. "Person" means an individual or group of individuals, a partnership, firm, association or corporation.

t. "Phosphatase value" means a numerical value which represents a degree of heat treatment to which milk or milk products have been subjected as determined by a method adopted as standard by the state commissioner of health.

u. "Plant transportation tank" means a tank used to transport milk in bulk from one processing plant to another.

v. "Prepasteurized" means to be pasteurized before sale to consumers.

w. "Process" means receiving, straining, clarifying, cooling, heating, pasteurizing, separating, homogenizing, bottling, canning, filling containers or transferring from one receptacle to another, or any part or combination of such procedures, or any procedure intended to alter the physical state, the condition or composition of milk or milk products, except when carried out on a dairy farm as part of the production of milk.

x. "Processing plant" means an establishment in which milk or milk products are processed.

y. "Processor" means a person holding a permit to process milk or milk products.

z. "Producer" means a person who maintains milking animals for the purpose of obtaining milk for ultimate sale as milk or milk products.

aa. "Qualified inspector" means a person who:

(1) Has at least six months of satisfactory experience in the inspection of dairy farms, or

(2) Has satisfactorily completed a course of instruction approved by the state commissioner of health for dairy farm inspectors and has not less than one month of satisfactory experience in the inspection of dairy farms, or

(3) Has any combination of training and experience which is considered by the permit issuing official to be equivalent to these specific requirements.

bb. "Raw" means for sale to consumers without pasteurization.

cc. "Raw milk plant" means an establishment in which raw milk is received and processed for sale to consumers.

dd. "Representative sample" means a sample taken by a method adopted as standard by the state commissioner of health:

(1) From a receiving vat, holding exclusively the milk of a single producer as delivered on any one day.

(2) From each can of milk delivered by a producer on any one day.

(3) From a bulk milk storage tank on the dairy farm of a producer which contains all of the milk to be collected by a farm transportation tank.

(4) From a farm transportation tank or tanks containing all of the milk collected on any one day from a route of bulk milk storage tanks on dairy farms.

(5) From each plant transportation tank or tanks, or a composite sample from each container of milk received from a processing plant on any one day.

(6) From a storage tank or vat containing exclusively all of the milk received from a single producer, processing plant or cooperative association on any one day.

(7) From storage vats containing all of the milk received by a processing plant on any one day.

(8) From an unopened container of milk or milk products ready for sale to a distributor, broker, storekeeper or consumer but while in the possession of the processor, distributor, broker or storekeeper.

ee. "Sale" means sale, offer for sale or delivery to consumers or service as food or as a beverage.

ff. "Single service container" means a container of fiber board or other material of a type acceptable to the state commissioner of health for single service use.

gg. "Standard plate count" means the bacterial count as determined by an agar plate method adopted as standard by the state commissioner of health.

hh. "Storekeeper" means any person, except a distributor or broker, who obtains and sells milk or milk products for consumption off the premises where sold, including sale by vending machines.

(Enacted June 27, 1957, amended May 13, 1958, May 25, 1959, January 22, 1960, and September 23, 1960, effective April 1, 1961.)

SECTION B — AUTHORITY TO ACT

Regulation 2. Inspection to be permitted and records kept. Every person engaged in the production, transportation, distribution, processing or storage of milk or milk products for sale shall at any time allow the health officer or the permit issuing official or the representative of either or any authorized representative of the state commissioner of health to make such inspections, take such samples or specimens and examine such records as the health officer or permit issuing official may consider necessary for the purpose of carrying out the provisions of this chapter. A distributor or processor shall maintain at all times accessible to the health officer, the permit issuing official, the state commissioner of health or their authorized representatives a complete record including the names and addresses of all dairy farms or processing plants from which he at any time obtains milk or milk products with the approximate amount obtained from each and, if obtained for a temporary period, the dates within which it was so obtained. A storekeeper or the proprietor of a service food establishment or other public place where milk or milk products are sold, served or used shall upon demand furnish the health officer or the state commissioner of health or their authorized representatives with the names and addresses of all persons from whom he has received milk or milk products during the preceding ninety days. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 3. Physical examinations to be permitted. All persons engaged in handling milk or milk products shall submit to the health officer or permit issuing official such specimens of body discharges or fluids for laboratory examination as such health officer or permit issuing official may require, either prior to employment or at any time thereafter. Such specimens shall be examined in a laboratory approved for such purpose by the state commissioner of health. Such persons shall allow the health officer, the permit issuing official, the state commissioner of health or their specifically authorized representatives to make such physical examinations as they may require or they shall furnish the health officer, permit issuing official or state commissioner of health with a report of such physical examination made by a private physician. A person holding a permit for the distribution, processing or resale of milk or milk products shall not employ an individual who refuses to submit such specimens or to allow such examinations or to furnish such reports. A permit holder shall not accept milk or milk products from any dairy farm on which there is any individual who refuses to submit such specimens, or to allow such examinations or to furnish such reports. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 4. Local authorities may enact supplementary regulations. The local authorities empowered to enact health ordinances, regulations or codes may in their discretion enact such ordinances, regulations or codes:

a. To prohibit the sale of any grade of raw milk and raw milk products as enumerated in this chapter.

b. To require that milk served in public places for consumption on the premises shall be purchased in and served in or from bottles or single service containers of specified capacities, or served from a dispensing device approved by the state commissioner of health.

c. To require that cream or half and half served in public places for consumption on the premises shall be purchased in and served in or from bottles or single service containers of specified capacities or dispensed from a device meeting the applicable requirements of this chapter.

d. To require the protection of the pouring lip on bottles used for specified grades of milk or milk products.

Such authorities may enact supplementary regulation or orders relating to display of identifying numbers or information on delivery vehicles, payment of fees, storekeeper permits, vending machine permits and dispenser permits or establishing other requirements for administrative purposes. Such supplementary regulations relating to storekeepers, vending machine or dispenser permits may fix storage temperatures and time limits, require suitable conditions of bottles or single service containers, require cleanliness of storage facilities and require listing of sources on such permits. Such ordinances, regulations, codes or supplementary regulations or orders shall not relate to or purport to govern the production, processing, handling, storage, transportation, sale, resale, labeling or distribution of milk or milk products or any operation or procedure incident thereto except as in a, b, c and d above. Supplementary regulations or orders shall not be adopted on or after January 1, 1958 under this regulation by the board of health of any county or part-county health district, city, town, village or consolidated health district or any other body exercising the powers and duties of a board of health unless such regulations or orders have been previously approved by the state commissioner of health. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 5. Pasteurized milk and milk products required. On and after January 1, 1958 no milk or cream shall be sold in any city or incorporated village, or in any town which has a population of 10,000 or more by the latest Federal census, unless it shall bear one and only one of the following designations: Certified Pasteurized, Grade A Pasteurized or Certified. This shall not prevent the continued sale in such city, village or town of milk or cream designated as Special A Raw, if such sale was authorized on December 31, 1957 by a permit issued in conformity with the provisions of this chapter.

On and after January 1, 1958 no milk or cream shall be sold except at the place of production in any town having a population of less than 10,000 by the latest Federal census unless it shall bear one and only one of the following designations: Certified Pasteurized, Grade A Pasteurized or Certified. This shall not prevent the continued sale in such town of milk or cream designated as Special A Raw, if such sale was authorized on December 31, 1957 by a permit issued in conformity with the provisions of this chapter nor the continued sale in such town

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of milk designated as Raw, if such sale was authorized on December 31, 1957 by a permit issued in conformity with the previous provisions of this chapter for Grade A Raw.

On and after January 1, 1958, except as provided in the preceding paragraphs of this regulation, the health officer may issue a permit for the sale of Raw milk or Raw cream on the dairy farm where produced, notwithstanding failure or inability of the applicant to comply with the requirements of this chapter, subject to the following conditions:

(a) No exemption shall be granted from compliance with Section E, Regulations 19 to 23 inclusive or Section F, Regulations 24 and 25, of this chapter.

(b) The milk or cream shall be sold only to consumers and only on the premises of the dairy farm on which it was produced. Such sales shall be in bottles or single service containers mechanically filled and capped or closed in conformity with this chapter or in quantities not to exceed six quarts to an individual customer in containers provided by such customers for filling in their presence.

(c) Bottle caps, tags or containers shall carry no grade designation other than the word "Raw" and no statement regarding quality shall appear on caps, tags or containers.

On and after January 1, 1958, no person shall sell Grade A Pasteurized milk which has been processed in rooms or with equipment used for the processing of Raw milk.

On and after January 1, 1958, no milk product except cream shall be sold unless such product is pasteurized.

No milk or cream, except manufacturing cream or prepasteurized milk or cream which is enroute to or stored at processing plants, shall be held, kept, offered for sale, transported or delivered in any municipality or health district for consumption in such municipality or health district, unless such milk or cream meets the requirements of this chapter and of local health regulations for a grade of milk or cream permitted to be sold in such municipality or health district. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 6. Application of requirements. All requirements of this chapter shall apply equally to the milk of both cows and goats. All requirements of this chapter shall apply equally to milk or milk products in the fluid or frozen state and in any type or size of container. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 7. Milk, cream or milk products shipped into New York State. No milk, cream or milk product which has been shipped into the State of New York shall be sold or offered for sale unless such milk, cream or milk product has been produced and handled in conformity to the requirements of this chapter and has been subject to the same standards of supervision and inspection as are required for milk, cream or milk products produced within the state and at the time of delivery conforms to the provisions of this chapter. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 8. Authority to waive requirements. The public health council may waive any of the requirements of this chapter upon receipt of a written request which specifies the special circumstances

or the requirements of experimental or developmental activities which require the utilization of any equipment or methods of handling milk or milk products, not specifically designated in this chapter but which are considered to be equally effective in maintaining the safety and sanitary quality of milk and milk products as required by this chapter. The written request for waiver, signed by the applicant, must include a detailed description of the equipment, method or proposed installation to be employed. Should such waiver be granted, it shall be valid for such time and in such areas as shall be determined by the public health council. Such waiver may be terminated for cause at any time by the state commissioner of health. (Enacted June 27, 1957, effective September 1, 1957.)

SECTION C -- ADMINISTRATION

Regulation 9. Permit to distribute required. No person except a storekeeper shall sell, offer for sale or deliver milk or milk products to consumers or storekeepers without holding a permit to distribute milk or milk products, issued by the health officer having jurisdiction, unless such milk or milk products are to be consumed on the premises where sold.

A permit to distribute shall be granted only for the sale of milk or milk products processed in a plant operated under a permit to process issued by a permit issuing official or obtained from a broker holding a permit for resale. Such processing plants or brokers shall be listed in the permit to distribute at the time of issuance and no other processing plants or brokers shall be used as sources without the permission of the health officer.

A permit to distribute milk or milk products shall be granted only to a person who conforms to the requirements of this chapter. A permit to distribute milk shall be issued only to a person who holds a license for such sale issued by the commissioner of agriculture and markets or to a person exempt from such licensing requirements in conformity with the Agriculture and Markets Law.

A person holding a permit to distribute shall give notice to the health officer of any proposed purchase of milk or milk products from processing plants or brokers not listed in such permit at least forty-eight hours before beginning the distribution of such milk or milk products and shall obtain the permission of the health officer in writing on such permit before distribution begins.

Before granting a permit to distribute milk or milk products, the health officer shall satisfy himself that any broker or processing plant listed in the application is operating in compliance with the provisions of this chapter. For this purpose the health officer may accept as sufficient evidence of compliance a statement by the state commissioner of health, or his authorized representative, that such plant holds a valid permit to process or an official approval under the provisions of the Sanitary Code of the City of New York or that such broker holds a valid permit. The health officer may make or cause to be made by his authorized representative such investigations as he

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deems necessary, including inspections of plants or dairies, collection of samples and review of records of inspections and examinations required by this chapter. If, after such investigation, the health officer shall find that such plant or broker is not operating in compliance with the provisions of this chapter, he may order the applicant not to receive milk or milk products from such source and may grant the permit, excluding such source. When any plant or broker is so excluded as a source of milk or milk products, the health officer shall advise the state commissioner of health in writing within twenty-four hours, stating in detail the reason for such exclusion.

No storekeeper or vending machine operator shall sell milk or milk products unless such milk or milk products are obtained from a person holding a permit to distribute, issued by the health officer having jurisdiction unless such storekeeper or vending machine operator holds a permit to distribute.

No operator of a service food establishment shall sell or serve milk or milk products unless such milk or milk products are obtained from a person holding a permit to distribute, issued by the health officer having jurisdiction.

A permit to distribute may be suspended at any time by the health officer or the state commissioner of health when deemed necessary for the protection of public health. A permit to distribute may be revoked by the health officer or the state commissioner of health for violation of the provisions of the Sanitary Code, after a hearing on due notice. The health officer shall notify the state commissioner of health in writing within twenty-four hours of the suspension or revocation of a permit to distribute. The health officer or the state commissioner of health shall order a distributor to discontinue the distribution of milk or milk products obtained from a broker whose permit has been suspended or revoked, or originating in a plant for which the permit to process has been suspended or revoked. The health officer or the state commissioner of health may order a distributor to discontinue the distribution of milk or milk products which at the time of sale do not comply with established requirements of this chapter as to labeling, temperature, bacterial counts or other conditions essential to grades of milk and milk products. The health officer or the state commissioner of health may revoke such permit to distribute, after a hearing on due notice, for failure to comply with such order.

Permits to distribute milk or milk products shall be issued on a form prescribed by the state commissioner of health. Permits to distribute shall continue in effect until suspended or revoked, unless a date of expiration is stated by the health officer at the time of issuance, except that suspension or termination of a license required by the Agriculture and Markets Law shall terminate the permit to distribute. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 10. Application for permit to distribute required. Every person seeking to obtain a permit to distribute milk or milk products shall make a written application in duplicate on a form prescribed by the state commissioner of health to the health officer having jurisdiction over each proposed area of sale. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 11. Permit required for the processing of milk and milk products. No person except a producer or broker shall sell, offer for sale or deliver milk or milk products to distributors, processors or brokers without first having obtained a permit to process milk or milk products from a permit issuing official, or official approval for such processing under the provisions of the Sanitary Code of the City of New York.

A permit to process shall be granted only to a person who conforms to the requirements of this chapter, for the operation of a plant which has been inspected by the permit issuing official or his authorized representative and approved for the processing of milk or milk products received from sources conforming to the provisions of this chapter. Such sources of supply shall be listed in the permit at the time of issuance and no others shall be used without the permission of the permit issuing official.

Before granting a permit to process milk or milk products, the permit issuing official shall satisfy himself that the dairy farms making direct shipment of milk to such plants conform to the provisions of this chapter. For this purpose the permit issuing official may accept the reports of inspections or examinations made by a health officer or his authorized representative, in connection with the issuance of a permit to distribute. The permit issuing official shall also satisfy himself that any broker or processing plant listed in the application is operating in compliance with the provisions of this chapter. For this purpose the permit issuing official may accept as sufficient evidence of compliance a statement by the state commissioner of health, or his authorized representative, that such plant holds a permit to process or an official approval under the provisions of the Sanitary Code of the City of New York or that such broker holds a valid permit. The permit issuing official may make or cause to be made by his authorized representative such investigations as he deems necessary including inspection of plants or dairies, collection of samples and review of records of inspections and examinations required by this chapter. If, after such investigations, the permit issuing official finds that a plant or broker, listed as a source, is not operating in compliance with the provisions of this chapter, he may order the applicant not to receive milk or milk products from such source and may grant the permit excluding such source. When any plant or broker is so excluded as a source of milk or milk products the permit issuing official shall advise the state commissioner of health in writing within twenty-four hours stating in detail the reason for such exclusion.

The permit issuing official before issuing a permit to process shall satisfy himself that required reports of inspections of dairy farms are on file at the plant or cooperative association. The permit issuing official may make or cause to be made by his authorized representative such official inspections as are necessary to confirm the accuracy of such reports.

Whenever the reports of official inspections of dairy farms indicate a substantial failure to comply with the requirements of this chapter, the permit issuing official may direct the processor or cooperative association to cause an inspection to be made within a specified

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time, not more than thirty days, of all dairies from which milk is received by direct shipment. The permit issuing official may order the holder of such permit to discontinue receiving milk from any dairy not inspected within the specified time. The permit issuing official may revoke such permit to process, after a hearing on due notice, for failure to comply with such order.

Permits to process shall be issued on forms prescribed by the state commissioner of health. Such permits shall expire annually on the thirty-first day of December unless designated as temporary as herein-after provided. The permit issuing official shall transmit, within five days of the date of issuance, a copy of each processing permit to the state commissioner of health.

No processor shall hold more than one permit to process issued under this chapter and applicable to the same plant. If more than one such permit is obtained from different permit issuing officials, that of the later date shall be without force and effect. Any permit to process applicable to a plant from which the permit to process has been suspended or revoked shall be without force and effect, unless issued by the same permit issuing official who granted the permit which has been suspended or revoked.

A permit to process may be suspended at any time by the permit issuing official or by the state commissioner of health when deemed necessary for the protection of public health. A permit to process may be revoked by the permit issuing official or by the state commissioner of health for violation of the Sanitary Code after a hearing on due notice. The permit issuing official shall notify the state commissioner of health in writing within twenty-four hours of the suspension or revocation of a permit to process.

The permit issuing official, when satisfied that an applicant for a permit to process is complying or will comply with the requirements of this chapter, may issue to such applicant a temporary permit to process pending the completion of the inspections and examinations herein prescribed or to provide reasonable opportunity for the completion of necessary changes in methods or equipment. Such permits shall not continue in effect for more than sixty days and shall not be renewed or extended.

The person holding a permit to process shall give notice to the permit issuing official of any proposed change in the sources of milk or milk products at least forty-eight hours before beginning to receive such milk or milk products for processing and shall obtain the permission of the permit issuing official before milk or milk products are received for processing from such new source.

The permit issuing official or the state commissioner of health may order a processor to discontinue receiving milk from any dairy farm that does not comply with any of the provisions of this chapter and may revoke the processing permit after a hearing on due notice for failure to comply with such order.

The permit issuing official or the state commissioner of health shall order a processor not to receive milk or milk products originating in a plant for which the permit to process has been suspended or revoked or to discontinue the processing or sale to distributors or brokers of milk

or milk products which, on arrival at the processing plant or at any time thereafter, do not comply with established requirements of this chapter as to conditions essential to grades. The permit issuing official or the state commissioner of health shall suspend the permit of any processor who fails to comply with such order.

The permit issuing official or the state commissioner of health shall order a processor not to receive milk from a broker whose permit for resale has been suspended or revoked and shall suspend such permit for failure to comply with such order.

A permit for the processing of Special A Raw milk or cream shall be issued only after the permit issuing official has approved the dairies and processing plant supplying such milk or cream and after notice of such approval to the state commissioner of health, such permit issuing official has been officially notified by said commissioner that such dairies and such plant have been inspected as to apparatus, sanitary conditions and effectiveness of operation, by an authorized representative of the state commissioner of health, and that in these respects at the time of inspection the conditions found were such as to warrant issuance of a permit.

An accurate and complete report of the supervisory procedures carried on by the permit issuing official in relation to Special A Raw milk and cream shall be submitted by such permit issuing official to the state commissioner of health within five days after the end of each month on a form prescribed by the commissioner. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 12. Application for permit to process required. Every person seeking to obtain a permit to process shall make written application in triplicate to the permit issuing official on a form prescribed by the state commissioner of health.

Unless otherwise designated by the state commissioner of health, the permit issuing official with whom the application is filed shall be:

- a. The health commissioner or health officer of a city having a population of 50,000 or over in which the processing plant is located, or
- b. The health commissioner or health officer of a county or part-county health district in which the processing plant is located, or
- c. The state district health officer of the state health district in which the processing plant is located.

The state commissioner of health may designate as permit issuing official for a specific processing plant:

- a. The health commissioner or health officer of a city having a population of 50,000 or over in which the product of the processing plant is distributed, or
- b. The health commissioner or health officer of a county or part-county health district in which the product of the processing plant is distributed, or
- c. The state district health officer of a state health district in which the product of the processing plant is distributed, or
- d. The health officer of a village, town, consolidated health district or city having a population of less than 50,000, in which the processing plant is located or in which the product of the processing plant is distributed.

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A person operating a receiving station not approved under the Sanitary Code of the City of New York, in which the processing consists only of receiving, straining, clarifying, cooling and transferring from one receptacle to another or any combination of these procedures shall make application for such permit to the same permit issuing official who has jurisdiction over the processing plant to which such milk or major portion thereof is regularly delivered unless another permit issuing official shall have been designated by the state commissioner of health to act on such application.

A person holding a permit to process or one whose permit to process has been suspended or revoked shall not make application to any other permit issuing official for additional or substitute permit. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 13. Broker permits for sale of milk and milk products. No broker shall sell, offer for sale or deliver milk or milk products to a distributor or processor, without having obtained a broker permit from the state commissioner of health. Such permits for resale shall expire annually on December 31st, unless another date is stated at the time of issuance.

A broker seeking to obtain such permit for the sale of milk or milk products to distributors or processors shall file an application on a form prescribed by the state commissioner of health.

A broker holding a permit shall maintain accurate records of the amounts of milk or milk products received or sold and the sources and disposition thereof, which shall be available to the state commissioner of health or his authorized representative on request.

Milk or milk products shall be sold under such broker permit only in acceptable containers filled, sealed and labeled at the place of processing. The tags attached to bulk containers at the time of processing shall not be removed unless immediately replaced by a similar tag bearing identical information, including the date of processing if it appears on the original, except that the name of the broker may be substituted for the name of the processor. Tags removed from bulk containers shall be retained by the broker for a period of 90 days. Seals on such bulk containers shall not be broken prior to sale.

A broker permit for sale of milk and milk products shall be granted only to a person who provides suitable clean facilities for the handling of such milk or milk products and adequate facilities to maintain all such milk or milk products at 50 degrees Fahrenheit or lower until delivered to a distributor or processor.

A broker permit may be suspended at any time by the state commissioner of health when deemed necessary for the protection of public health. A broker permit may be revoked by the state commissioner of health for violation of the Sanitary Code after a hearing on due notice.

The state commissioner of health shall order a broker not to receive milk or milk products originating in a plant for which no permit to process has been issued or for which the permit to process has been suspended or revoked. The state commissioner of health may order a broker to discontinue the sale of milk or milk products which while in the possession of the broker do not comply with established requirements of this chapter as to labeling, temperature, bacterial counts and

other conditions essential to grades, and may suspend a permit for resale for failure to comply with such order. (Enacted June 27, 1957, effective September 1, 1957.)

SECTION D - INSPECTIONS AND EXAMINATIONS

Regulation 14. Inspections required, dairy farms. Before applying for a permit to process, the processor shall cause an inspection to be made of every dairy farm from which milk is received or expected to be received by direct shipment. Such inspections shall be made within the calendar year preceding the date of application by a qualified inspector, acceptable to the state commissioner of health and the permit issuing official granting the permit to process. Such inspections shall be recorded on a form acceptable to the state commissioner of health, a copy of which shall be kept on file in the milk house at the dairy farm and at the processing plant until replaced by a report of later date, except that such reports shall be left on file at the plant for not less than one calendar year after the date of inspection.

If a permit is granted, the processor shall cause such inspection to be made of any additional dairy farm from which milk is to be received by direct shipment and which was not so inspected prior to the date of issuance of the permit. At least forty-eight hours before receiving milk from such additional dairy farm, he shall give notice thereof to the permit issuing official granting such permit to process.

Whenever the direct microscopic count or standard plate count of a required sample of prepasteurized milk exceeds the permissible limits established by this chapter, the processor shall within five days after receiving the report, cause an inspection to be made of the dairy farm on which the milk was produced.

No person holding a permit to process shall receive milk by direct shipment from any dairy farm nor shall any cooperative association deliver such milk to a processing plant, unless each such dairy farm has been inspected as herein provided and found to be in compliance with the requirements of this chapter, except that the requirements for inspection of producers by the processor or his representative shall not apply to a processor receiving prepasteurized milk exclusively from a dairy farm or farms operated by such processor.

A milk producers' cooperative or similar association delivering prepasteurized milk to processing plants from producer members assigned to such plants temporarily or intermittently shall cause to be made all inspections herein required of processors. All records of such inspections herein required to be filed at the processing plant, shall be kept on file at the office of the association. (Enacted June 27, 1957, effective January 1, 1959.)

Regulation 15. Official inspection. The permit issuing official may cause to be made official inspections of dairy farms making direct shipment to a processing plant. The reports of such inspections shall be recorded on a form prescribed by the state commissioner of health and shall supersede reports of inspections made by the processor or

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his representative. When an official inspection indicates that an individual dairy farm is not in compliance with the requirements of this chapter, the permit issuing official may order the correction of any violation within a specified time and may order the processor not to receive milk from such dairy farm during such specified time. The permit issuing official may revoke the permit to process after a hearing on due notice for failure to comply with such order to exclude milk from indicated dairies. Whenever corrections are so ordered or milk so excluded a copy of the official inspection report shall be filed at the dairy farm and either at the plant from which the milk was excluded or at the office of the cooperative association at which reports of inspections are maintained. The copies shall be kept on file at these places for not less than one year from the date of inspection or until the corrections have been made to the satisfaction of the permit issuing official. Before issuing a permit to process, the permit issuing official shall make or cause to be made by his authorized representative a complete inspection of the processing plant and shall make or cause to be made such inspections of the processing plant at least annually thereafter. Such inspections shall be recorded on a form prescribed by the state commissioner of health. (Enacted June 27, 1957, amended October 25, 1957, effective November 1, 1957.)

Regulation 16. Samples and laboratory examinations required - pre-pasteurized milk. Every processor shall cause to be taken at intervals of not more than three months representative samples of the pre-pasteurized milk received from each producer by direct shipment. Every processor shall cause to be taken at intervals of not more than one month, representative samples of the prepasteurized milk received from each processing plant and from each route of dairy farms having farm bulk milk cooling tanks. The direct microscopic count or standard plate count of such samples of prepasteurized milk shall be made in a laboratory approved for such purpose by the state commissioner of health or by a technician licensed under the Agriculture and Markets Law, in a laboratory acceptable to the state commissioner of health.

Whenever the permit issuing official has given permission to receive milk from a producer making direct shipment not previously listed in the permit to process, the processor shall cause representative samples to be taken on four different days in a two week period beginning with the first delivery, one of which shall be taken on the day of the first delivery, on which the direct microscopic count or standard plate count shall be determined. The permit issuing official may allow such milk to be received without such sampling when a producer making direct shipment is transferred from another plant holding a permit to process or approved under the Sanitary Code of the City of New York. If the direct microscopic counts or standard plate counts of more than one of such samples exceeds the limit prescribed in this chapter, the processor shall inform the permit issuing official before again receiving milk from such producer.

Whenever a reinspection of a dairy farm is made following a direct microscopic count or standard plate count of a sample of prepasteurized milk which exceeds the permissible limit prescribed by this chap-

ter, and as a result of such reinspection the dairy farm is considered to be in compliance with the provisions of this chapter, a representative sample of such milk shall be taken on the first day of delivery after such reinspection. If the direct microscopic count or standard plate count of such sample exceeds the permissible limit prescribed by this chapter, the processor shall inform the permit issuing official before again receiving milk from such producer.

A copy of the reports of direct microscopic counts or standard plate counts of all representative samples of prepasteurized milk shall be kept on file at the processing plant for not less than two years.

The permit issuing official, before issuing a permit to process, shall satisfy himself that the required reports of examination of representative samples are on file at the processing plant. The permit issuing official may cause to be taken such official samples as are necessary to confirm the accuracy of such reports. (Enacted June 27, 1957, effective January 1, 1959.)

Regulation 17. Official samples and laboratory examinations. The permit issuing official may cause to be taken representative samples of prepasteurized milk received from individual producers, processing plants or farm transportation tank routes, and the reports of examination of such samples shall supersede the reports of examination of samples collected by the processor or his representative. Whenever more than one of four successive representative samples of prepasteurized milk are found to have a direct microscopic or standard plate count exceeding the permissible limits established by this chapter, the permit issuing official may order the processor not to receive milk from an individual producer, processing plant or farm transportation tank route and may suspend the permit to process for failure to comply with such order. Whenever a representative sample of prepasteurized milk is found to have a direct microscopic count or standard plate count which exceeds the permissible limits established by this chapter, the permit issuing official may order the processor to exclude such milk from sale as pasteurized milk or milk product and may suspend the permit to process for failure to comply with such order.

The permit issuing official shall, at intervals of not more than three months, cause to be taken at each processing plant official samples for bacterial examination of milk as delivered to distributors, to processors or to brokers while in the possession of the original processor, and of milk or milk products received from other processing plants while in original sealed containers. The permit issuing official shall from time to time collect such official samples as he may deem necessary for bacterial examination of milk products as delivered to distributors, to brokers or to other processors while in the possession of the processor. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 18. Sediment tests to be made. A sediment tester acceptable to the state commissioner of health shall be used at all receiving and pasteurizing plants except at a plant where all of the milk received is produced on a dairy farm or farms owned and operated by the processor. The milk of all producers making direct shipment to any

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processing plant shall be tested for sediment by the processor or his representative at least once each month. The results of such tests shall be recorded and either posted in a conspicuous place or returned to the producer.

If milk in any container is found not to be clean, such milk shall be excluded from sale as milk or milk products and the permit issuing official shall be notified of such exclusion, giving the name of the producer and the quantity of milk excluded. When any container of milk has been so excluded, tests for sediment shall be made on all containers delivered by the same producer at four successive deliveries immediately thereafter. Whenever more than one of such four successive tests indicate that milk is not clean, the permit issuing official may order the processor not to receive milk from such producer until the permit issuing official has been furnished with acceptable evidence that the cause of the contamination by dirt has been removed. Cleanliness of milk shall be determined by standards acceptable to the state commissioner of health. (Enacted June 27, 1957, effective September 1, 1957.)

SECTION E — ANIMAL HEALTH

Regulation 19. Tuberculin test. No milk or milk product shall be sold, offered for sale or delivered under permit unless all animals in each herd producing such milk shall be given a tuberculin test at intervals of not more than one year except in the case of a herd having two successive negative annual tuberculin tests, when a longer period may be approved by the state commissioner of health. Such tests shall be made by a licensed veterinarian acceptable to the state commissioner of health and shall be conducted in accordance with the provisions of the Agriculture and Markets Law of the State of New York. The record of tuberculin tests of all animals shall be kept on file at the dairy. No animal shall be added at any time to any herd producing milk or milk products to be sold, offered for sale or delivered under permit unless such animal has passed the tuberculin test or originates in a herd under test as provided by this regulation. Whenever the permit issuing official shall deem it necessary he may require the filing by designated producers of reports of tuberculin tests of the herd or of individual animals. The milk from any milking animal with a positive tuberculin reaction shall not be sold, offered for sale or delivered as milk or milk products.

In herds producing milk to be designated as Certified or Certified Pasteurized the tuberculin test shall be applied at intervals of not less than six months except when no additions are made to fully accredited herds and a longer interval has been approved by the state commissioner of health. A copy of the record of the tuberculin test shall be filed at the plant to which milk is delivered and shall be kept on file and accessible to the permit issuing official for one year and until the record of a succeeding test is filed. (Enacted June 27, 1957 effective September 1, 1957.)

Regulation 20. Brucellosis-free herds. On and after July 1, 1959, whenever milk or milk products are to be sold, offered for sale or delivered to consumers after pasteurization, all herds producing such milk shall be Brucellosis-free in accordance with the applicable Rules and Regulations of the New York State department of agriculture and markets or in accordance with the Rules and Regulations adopted by the corresponding state agency having jurisdiction over animal health for the area in which the herd is located, which are accepted by the New York State department of agriculture and markets as equivalent to the Rules and Regulations adopted by that department. (Enacted June 27, 1957, amended October 25, 1957, effective November 1, 1957.)

Regulation 21. Brucellosis test. Whenever milk or milk products are to be sold, offered for sale or delivered to consumers without pasteurization, samples of blood shall be taken from all milking animals in each herd producing such milk. Such samples shall be examined by the Brucella agglutination test in a laboratory for such purpose satisfactory to the state commissioner of health. The results shall be reported to the permit issuing official within five days after completion of the test. The interval between tests shall not exceed three months except for herds placed under the official Brucella blood testing program supervised by the New York State department of agriculture and markets, when the interval between tests shall not exceed six months. All cows whose blood specimens show an agglutination with Brucella antigen in a dilution of one to one hundred or greater shall be considered as infected with Brucellosis. All goats whose blood specimens show an agglutination with Brucella antigen in a dilution of one to twenty-five or greater shall be considered as infected with Brucellosis. All goats whose blood specimens show an agglutination with Brucella antigen in a dilution of one to twenty-five or greater shall be considered as infected with Brucellosis. Whenever milk or milk products are to be sold, offered for sale or delivered to consumers without pasteurization, milking animals infected with Brucellosis shall be immediately removed from the milking herd and the milk from such animals shall be excluded from such sale, offer for sale or delivery to consumers.

In herds producing milk to be sold or offered for sale as Certified, Certified Pasteurized or Special A Raw milk or cream, milking animals infected with Brucellosis shall be immediately removed from the milking herd and the milk from such animals shall be excluded from sale as Certified, Certified Pasteurized or Special A Raw milk or cream. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 22. Physical examination. The permit issuing official shall require at intervals of not longer than one year a report by a licensed veterinarian acceptable to the state commissioner of health of a physical examination of all milking animals producing milk to be processed as pasteurized milk or milk products under a permit issued by him. The permit issuing official shall require a physical examination at intervals of not longer than three months if milk or milk products are to be sold, offered for sale or delivered to consumers under permit without pasteurization. The permit issuing official whenever he shall deem it necessary, may require the filing by designated producers

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of such reports of physical examination of the herd or individual animals. The results of all examinations required by this regulation shall be recorded on a form or forms prescribed by the state commissioner of health. Records of physical examinations shall be filed within three days after such examinations are made with the permit issuing official or at a place designated by him. A copy of such record shall be filed at the plant to which the milk is delivered or at a place designated by the permit issuing official and kept on file for a period of one year or until the record of the next succeeding examination is filed. Whenever the veterinarian upon examination of a milking animal shall consider the milk obtained from such animal to be unfit for human consumption, the milk shall not be sold or used for human consumption and such animal shall be properly isolated from the milking herd until the milk obtained from such animal is found by a licensed veterinarian, acceptable to the state commissioner of health, to be fit for human consumption. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 23. Mastitis, abnormal milk, fore-milk. The producer shall exercise constant vigilance to detect promptly the existence in any milking animal of any abnormal condition of the udder, teats or of the milk. Upon occurrence of abnormal milk or any diseased or inflamed condition of the udder or teats of a milking animal, the producer shall immediately exclude the milk from such animal from the supply and such milk shall not be sold, offered for sale or delivered for consumption as milk or milk products.

Whenever milk is to be sold, offered for sale or delivered to consumers without pasteurization, the first stream of milk from each teat of each milking animal at each milking shall be milked through a fine metal mesh, dark-colored cloth or on a dark plate for the purpose of detecting abnormalities and all fore-milk shall be discarded. When any abnormal fore-milk is detected in any quarter of the udder, the producer shall immediately exclude all the milk from such animal from the supply and such milk shall not be sold, offered for sale or delivered for consumption as milk. (Enacted June 27, 1957, effective September 1, 1957.)

SECTION F — PRODUCTION

Regulation 24. Milking, unfit milk. Milk shall be considered unfit for human consumption if it is not clean, not free from colostrum, not obtained from healthy milking animals, or if it contains blood, pus, manure, or insects or is otherwise abnormal. Such unfit milk shall be excluded from the supply and shall not be sold, offered for sale or delivered and shall be handled and disposed of so as to prevent the infection of the milking animals. Milk equipment contaminated by unfit milk shall be cleansed and subjected to bactericidal treatment as provided in Regulation 33 before re-use. Milk shall not be handled or stored in close proximity to any unsanitary area or in such a manner or under such conditions as to be subject to contamination. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 25. Persons prohibited from handling milk or milk products. No person suffering from sore throat, discharging sores, periods of vomiting or diarrhea or any illness involving fever shall milk or handle milk or milk utensils.

No person affected with any communicable disease which may be transmitted through milk or who is a carrier of the organisms causing such disease or who nurses a person affected with such communicable disease, shall act as a milker, bottler, washer or in any other capacity in connection with the handling of milk or milk products or of any apparatus or equipment used in the handling, storing, bottling, pasteurizing or delivery of milk or milk products.

No person who is a carrier of the organisms causing typhoid fever shall reside on any dairy farm producing milk or milk products except with the written permission of the health officer of the political subdivision in which the dairy is located and subject to the conditions and restrictions prescribed in Chapter II of the New York State Sanitary Code. Failure on the part of such a carrier residing on a dairy farm under permission from the health officer to observe the prescribed conditions and restrictions shall be deemed to be cause for exclusion from sale, offer for sale or delivery of milk and milk products produced on such dairy farm. (Enacted June 27, 1957, amended September 25, 1959, effective October 1, 1959).

Regulation 26. Milking, cleanliness and clipping of animals. During the stabling season, hair of milking animals shall be clipped and kept short on the udders, flanks and on the tail above the switch. The flanks, bellies, tails and switches of all milking animals shall be free from adhering dirt at the time of milking. The udder and teats of all milking animals shall be clean at the time of milking. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 27. Stables, housing - construction, maintenance and operation. Stables in which milking animals are housed shall be properly constructed and maintained, of sufficient size to avoid overcrowding, adequately lighted and ventilated, properly drained and suitably bedded to keep the milking animals clean. Such stables shall be kept clean and no swine, pigeons, or fowl shall be housed therein. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 28. Stables, milking - construction, maintenance and operation. Stables in which animals are milked shall be properly constructed and maintained, kept clean, provided with adequate light properly distributed for day and night milking and shall be adequately ventilated. The floors, beds and gutters shall be of concrete or of equally impervious and easily cleaned material and shall be watertight. The floors and beds shall be graded to drain and shall be kept in good repair. Floors, beds and gutters shall be kept clean and manure shall be removed at least once daily. Ceilings shall be dust-tight and both walls and ceilings shall be whitewashed at intervals of not more than one year or kept properly covered with a light colored

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paint or a permanent finish of light colored material having a smooth impervious surface. Walls and ceilings shall be kept in good repair, clean and free from manure, dust and cobwebs. No swine, pigeons or fowl shall be permitted in the milking stable. If horses, goats, sheep, dry cows, calves or bulls are stabled therein, they shall be restrained or confined in stalls, stanchions or pens and the area occupied shall be kept clean. In a milking room or parlor which is occupied by animals only during the actual period of milking, no gutters need be provided but manure shall be removed immediately after each milking of the herd. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 29. Milking animal yard. The yard used by the milking animals shall be graded and drained so that there is no standing pool of water or persistent muddy area and shall be free from refuse and excessive accumulations of manure. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 30. Manure disposal. All manure shall be disposed of or stored in such a manner as best to prevent the breeding of flies and shall not be piled in the milking animal yard or in close proximity to the milkhouse. Liquid matter shall not be allowed to accumulate under or around the stable or milkhouse except in water-tight and insect proof, properly constructed receptacles. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 31. Milk house or milk room - construction, equipment, maintenance and operation. There shall be provided on each dairy farm a milk house or milk room which shall be used exclusively for the handling, cooling and storage of milk and the washing, bactericidal treatment and storage of milk containers, utensils and equipment. The washing and bactericidal treatment of milk containers, utensils and equipment shall be performed in no other place except by permission of the permit issuing official. The milk house or milk room shall conform to the following requirements:

(a) It shall be provided with a tight floor, constructed of concrete or other equally impervious material so as to prevent the accumulation of standing water and shall be kept in good repair.

(b) It shall have walls and ceilings of such construction as to permit easy cleaning and shall be well painted or finished with a material having a smooth impervious surface.

(c) It shall be well lighted and ventilated and of adequate size.

(d) It shall not open directly into any room used for domestic purposes.

(e) It shall be provided with adequate metal racks to be used for the storage of equipment and utensils.

(f) It, together with all equipment located therein, shall be kept clean.

(g) It shall be constructed and equipped so as to prevent the entrance of flies and other vermin. Effective methods for the elimination of flies shall be used. Animals and fowls shall not be permitted in the milk house. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 32. Utensils - construction. The milk contact surfaces of all containers, utensils and apparatus used in the handling, storage or transportation of milk shall be made of smooth, non-absorbent, corrosion resistant, non-toxic material, of such construction as to be easily inspected, disassembled and cleaned. Such utensils shall be in good repair, free from dents and rust, and shall have no machine threads exposed to the milk except as accepted by the state commissioner of health. Joints and seams shall be welded flush. Pails, strainers and cans shall be of seamless construction. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 33. Utensils, cleaning, bactericidal treatment. All containers, utensils and apparatus used in the production, handling, storage or transportation of milk, having milk contact surfaces, shall be cleansed adequately immediately after each use. Such containers, utensils and apparatus shall be clean at the time of use. Before each use, milk contact surfaces shall be subjected effectively to a bactericidal process acceptable to the state commissioner of health. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 34. Utensils, storage, handling. All containers, utensils and apparatus used in the production, handling, storage or transportation of milk, having milk contact surfaces, shall be stored so as to drain, unless the milk contact surfaces are stored while exposed to a bactericidal solution until such equipment is reused. Such bactericidal solution shall be discarded after each use. All such containers, utensils and apparatus shall be stored and handled in such a manner as to prevent contamination of any surface with which milk comes in contact. All such containers, utensils and apparatus that are portable shall be stored in the milk house or milk room except those which are designed to be and are cleaned in place. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 35. Milker's hands. Milker's hands shall be washed clean prior to milking and shall be clean during milking and while handling milk utensils, and clean and dry while hand milking or hand stripping. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 36. Milker's clothing. All persons shall wear clean outer garments while milking or handling milk on dairy farms. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 37. Milk stools, surcingles and milking machine vacuum systems. Stools and surcingles used during milking shall be made so as to be cleaned readily and shall be kept clean. The vacuum system of milking machines shall be kept clean. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 38. Milk, care of. Milk shall not be strained or poured in the milking stable unless it is properly protected against contamination from any source including flies and dust. If milk is strained, only single service filters shall be used. Containers used in the stable to hold milk shall be covered, except during filling and emptying, and shall be kept clean. (Enacted June 27, 1957, effective September 1, 1957.)

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Regulation 39. Milk, cooling. Adequate and suitable facilities shall be provided and maintained on all dairy farms for the cooling and storage of milk. Water used for cooling of milk shall be adequate in quantity and derived from a source properly located, protected and operated. Milk shall be cooled immediately after milking and brought to a temperature of 60 degrees Fahrenheit or lower. Such temperature shall be continuously maintained until delivery to a receiving station or pasteurizing plant; provided, that morning's milk in cans may be delivered without cooling prior to 10 a.m. Eastern Standard Time or Eastern Daylight Saving Time, whichever is in effect, and night's milk in cans may be so delivered without cooling within four hours after milking. When warm milk is added to cooled milk from a previous milking, the temperature of the mixed milk shall not exceed 60 degrees Fahrenheit at any time, and the mixture shall be cooled to 50 degrees Fahrenheit or lower within one hour after the last addition of warm milk. The permit issuing official may establish a limit of time between production and delivery of cooled milk to a receiving station or pasteurizing plant. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 40. Water supply. Water of a safe, sanitary quality adequate in quantity and readily accessible, shall be provided for the washing and cleansing of utensils, containers and apparatus used in the production of milk. Such water shall be derived from a source properly located, protected and operated. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 41. Sanitary privies or flush closets. Every dairy farm producing milk shall be provided with one or more flush closets or sanitary privies conveniently located and properly constructed, operated and maintained so that the waste is inaccessible to flies and does not pollute the ground surface or contaminate any water supply. (Enacted June 27, 1957, effective September 1, 1957.)

SECTION G -- PROCESSING PLANTS

Regulation 42. Buildings. Rooms or buildings in which milk, cream or milk products are received, bottled, pasteurized or stored, or in which containers for milk or milk products are washed, sterilized or stored shall be suitable for such purpose, well lighted, ventilated, clean, free from flies and shall not open directly into a stable or into any room used for domestic purposes. The floors shall be impervious and well drained. Proper disposal of drainage shall be provided. The walls and ceilings of such room or rooms shall be of tight construction. Either a separate room shall be provided in which cans, bottles and other utensils shall be received and cleaned; or the general room shall be of such size, the equipment so located and the sequence of operations so arranged as to segregate the receiving, pasteurizing and bottling, and bottle washing and can washing operations in such a manner as effectively to prevent contamination of the milk. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 43. Facilities for washing hands to be provided and used. Conveniently located washing facilities, including running water, soap and individual sanitary towels shall be provided and used. All persons carrying on work which may bring their hands in contact with milk or milk products or with sterilized surfaces with which either milk or milk products may come in contact shall keep their hands clean while so engaged. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 44. Suitable water supply to be provided. An adequate water of a safe sanitary quality shall be provided for the washing and cleansing of utensils, containers and apparatus used in the handling of milk or milk products and also, in bottling and pasteurizing plants for cooling milk or milk products. No privy, cesspool, pile of manure, stable or other source of pollution shall be located in such proximity to the source of water supply as to make the pollution of the same probable. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 45. Suitable flush closets or sanitary privies to be provided. Satisfactory and conveniently located flush closets or sanitary privies shall be provided at all plants where milk or milk products are processed and such facilities including rooms shall be properly constructed, operated and maintained. (Enacted June 27, 1957, amended May 13, 1958, effective August 1, 1958.)

Regulation 45-a. Sewerage.

a. Facilities shall be provided and maintained for the satisfactory disposal or treatment and disposal of sewage.

b. A plan for proposed new or modified facilities for the satisfactory disposal or treatment and disposal of sewage shall be submitted to the permit issuing official, or, if otherwise required by Article 12 of the Public Health Law to the Water Pollution Control Board.

c. A permit or approval in writing for the discharge of sewage or sewage effluent as provided by the plans shall be obtained from the permit issuing official or from the Water Pollution Control Board if so required by Article 12 of the Public Health Law.

d. No construction shall be commenced for new or modified facilities for the treatment or disposal, or the treatment and disposal of sewage until such permit or approval in writing has been received by the permittee. Construction shall be in accordance with the approved plans.

e. The presence of untreated sewage on the surface of the ground shall not be allowed. (Enacted May 13, 1958, effective August 1, 1958.)

Regulation 46. Construction and maintenance of utensils and apparatus. All pipes, pumps, valves, coolers or other utensils or apparatus used for the treatment or storage of milk or milk products shall be free from dents and rust spots, shall have smooth inner surfaces and otherwise be constructed so as to be cleaned readily, shall have all seams with which milk or milk products come in contact flush and shall have no threads exposed to milk. Pipes, pumps, valves and other apparatus

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shall be constructed so as to be easily inspected, disassembled and cleaned. Coolers shall be maintained free from leaks. Surface coolers shall be provided with suitable covers unless such coolers are located in a well-protected, dust-free room used for no purpose other than the cooling of milk or milk products. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 47. Containers, utensils and apparatus to be cleaned, sterilized and stored properly. Adequate facilities for the cleansing and sterilization of all utensils, containers and apparatus used in the handling, transportation, treatment or storage of milk or milk products shall be provided by the processors. All such containers, apparatus and utensils, except single service containers of a type accepted by the state commissioner of health, shall be washed and cleaned thoroughly immediately after each use and shall be sterilized daily. Washed and sterilized uncovered containers, if stored, shall be inverted until about to be filled and protected so as to prevent contamination.

Parts of equipment, if not immediately reassembled after washing and all such containers and utensils shall be stored suitably to permit drainage and prevent contamination. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 48. Receptacles to be kept in sanitary conditions - when to be condemned and seized. Every can or other vessel used to contain milk or milk products shall be kept constantly in a clean and sanitary condition. When emptied and before being returned to a producer by a bottling, pasteurizing or shipping plant every such can or other vessel shall be effectively cleansed and sterilized. The permit issuing official or his representative shall condemn any such can or other vessel found by him to be in such condition that it cannot by washing be rendered clean and sanitary.

It shall be the duty of all persons to whom milk or milk products are delivered to clean thoroughly the containers in which such milk or milk products are delivered, before returning such containers. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 49. Milk and milk products to be kept cold. After delivery to a receiving station, bottling or pasteurizing plant all milk, cream and milk products shall be cooled to and maintained at a temperature of 50 degrees Fahrenheit or lower until delivery to the consumer, except during processing which requires the heating of the milk, cream or milk product. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 50. Pasteurizing equipment and operation. All pasteurizing plants shall be so equipped and operated that the milk, cream or milk product shall conform to the requirements of this code. Pasteurizing apparatus shall be of a type acceptable to the state commissioner of health.

Pasteurizers shall be protected against leakage of unpasteurized milk into the holding compartment during the holding and emptying periods, shall be protected against a leakage of milk into the outlet line during the filling and holding periods by a method approved by

the state commissioner of health, shall be free from foam having a temperature of less than 145 degrees Fahrenheit during the holding period, and shall be provided with suitable tight fitting covers kept closed during operation and so constructed that anything on the covers will not drop into the milk, cream or milk product when the covers are in either their open or closed position.

Every pasteurizing plant in which milk, cream or milk products is heated to the pasteurizing temperature before being introduced into the holder shall be equipped with a suitable automatic temperature controlling device which shall be so installed as to regulate effectively the temperature of the milk, cream or milk product during the heating period. (Enacted June 27, 1957, amended September 23, 1960, effective April 1, 1961.)

Regulation 51. High-temperature, short-time pasteurizers. Each high-temperature, short-time pasteurizer shall be equipped either with an automatic milk pump stop or with a flow diversion valve. Such pump stop or flow diversion valve shall be kept at all times in proper working order and adjustment so that it will immediately stop the flow of milk, cream or milk product through the apparatus or divert such flow for reheating when the temperature of the heated milk, cream or milk product at the pump stop or flow diversion control bulb reaches 161 degrees Fahrenheit during descending temperatures and shall not start the flow to the cooler until a temperature of 161 degrees Fahrenheit is reached during ascending temperatures. Such bulb shall be so placed that any milk, cream or milk product passing the bulb will be held at least fifteen seconds by test before being discharged.

Regenerative and surface coolers and heaters shall be so constructed and maintained as to prevent any unpasteurized milk, cream or milk product from mixing with pasteurized milk, cream or milk products.

Pasteurizing apparatus for holding at 161 degrees Fahrenheit or more for not less than fifteen seconds shall be installed only with the written permission of the state commissioner of health. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 52. Thermometers. Each pasteurizing apparatus shall be equipped with an accurate indicating thermometer and temperature recording device of a type accepted by the state commissioner of health.

Indicating thermometers shall be of liquid-filled stem or angle type installed as accepted by the state commissioner of health. Such thermometers shall have at least 1/16 inch scale divisions per degree, shall have a mark etched in the glass at pasteurizing temperature and shall be accurate at that temperature.

Recording thermometers shall be built to use charts having not less than 1/16 inch scale divisions per degree within three degrees above and below pasteurizing temperature on the standard 12 hour chart and shall be properly installed and accurate at such temperature. Such charts shall be dated daily, kept on file for at least ninety days, and shall be changed daily; except that with the written permission of the permit issuing official, records for more than one day may be placed on a chart.

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All recording thermometers shall be checked against the indicating thermometers daily by the plant operator and shall be kept in good operating condition. The location of the bulbs of recording thermometers in the milk or cream shall be subject to the approval of the state commissioner of health. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 53. Filling and capping or closing machines to be provided and used. No milk or milk product shall be bottled except by means of mechanical fillers and cappers or closers. Such fillers shall be covered with suitable tight fitting covers while in use. Caps shall be procured in sanitary tubes and kept therein in a clean place until used. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 54. Protection of pasteurized milk and cream. Pasteurized milk and cream:

Shall be removed from the pasteurizer only through a closed system of sanitary milk piping;

Shall be immediately cooled to a temperature of 50 degrees Fahrenheit or lower and immediately placed in clean, sterilized bottles or cans or acceptable single service containers which shall immediately be capped or closed and tightly covered by acceptable closures;

Shall not be discharged through pipes, pumps or equipment which have been previously used for unpasteurized milk and have not been subsequently sterilized;

Shall not be strained or filtered except through a metal strainer which is so arranged as to be part of and sterilized with the filling machine.

Milk shall not be repasteurized. (Enacted June 27, 1957, amended October 25, 1957, effective November 1, 1957.)

SECTION H — GRADES

Regulation 55. Designations of milk. No milk shall be sold or offered for sale unless it shall bear prominently one and only one of the following designations: Certified Pasteurized, Grade A Pasteurized, Certified, Special A Raw or Raw.

No false, ambiguous or misleading word, term or design shall appear on any cap or tag containing such designation, nor upon the containers.

The caps or tags on the containers or, if caps are not used, the containers shall bear the grade designation in the exact form and size designated by the state commissioner of health. The name and address of the distributor or final processor shall also appear upon the cap, tag or container. No printed or other matter appearing on the cap, tag or container shall be so placed as to obscure the grade designation or the name and address of the distributor or final processor which shall be clearly visible without the removal of an outer cap or covering.

Whenever cans of prepasteurized or of Raw milk are carried in the same truck or stored in the same place as cans of pasteurized milk, cream or milk products, each can of prepasteurized or of Raw milk shall be clearly labeled.

No unused caps or tags shall be kept in any store in which milk, cream or milk products are sold nor on any vehicle while in use for the delivery of milk, cream or milk products nor on any person while engaged in delivering milk, cream or milk products.

All milk shall be delivered to the consumer in bottles or single service containers; except that with the written permission of the health officer, milk may be delivered in receptacles containing ten quarts or more, properly labeled and with covers sealed so as to prevent opening without breaking the seals; except that, with the written permission of the permit issuing official, such milk may be sold to customers in quantities of six quarts or less at the processing plant in containers provided by such customers for filling in their presence.

Bacterial counts to be used for the purpose of grading shall be made by the standard agar plate method upon not less than four samples of milk, cream or milk product, each sample to be taken on a different day. Whenever more than one of four successive counts are higher than the limits herein prescribed for the grade, the milk, cream or milk product shall be considered not to meet grade requirements and when such samples are taken from transportation tanks the results shall be considered applicable to all producers contributing milk to the tank.

Certified Pasteurized. No milk shall be labeled or designated as Certified Pasteurized unless it conforms before pasteurization to the requirements of this chapter for Certified milk, is produced under the supervision of a Medical Milk Commission approved by the Council of the American Association of Medical Milk Commissions and registered with the state commissioner of health and is pasteurized in accordance with the requirements of this chapter. Such Certified Pasteurized milk shall be so produced, handled and cooled as to have a standard plate count of not more than 10,000 per milliliter before pasteurization, and a standard plate count of not more than 500 per milliliter at any time after pasteurization and prior to delivery to the consumer.

Certified Pasteurized milk shall be delivered to the consumer in bottles or single service containers filled and capped or closed at the processing plant. The closures used shall completely cover the pouring lips of the bottles or containers.

Each registered medical milk commission shall report to the state commissioner of health on a form prescribed by said commissioner at least once in each month the results of examinations, tests and inspections made during the preceding month.

Failure on the part of any registered medical milk commission or its employees to comply with the requirements of this chapter shall be deemed sufficient ground for refusal by the permit issuing official to issue a permit to process Certified Pasteurized milk based upon the certification of such commission.

Grade A Pasteurized. No milk shall be labeled or designated as Grade A Pasteurized unless it is so produced, handled and cooled as to have before pasteurization a direct microscopic or standard plate count of not more than 200,000 per milliliter at the place of production and shipping station and of not more than 400,000 at the pasteurizing

plant if shipped by rail or tank truck to such plant, and unless it shall have at any time after pasteurization and prior to delivery a standard plate count of not more than 30,000 per milliliter.

Grade A Pasteurized milk shall be delivered to the consumer in bottles or single service containers filled and capped or closed at the place of pasteurization, except as herein provided.

Certified. No milk for sale without pasteurization shall be labeled or designated as Certified unless it is so produced, handled and cooled as to have at any time prior to delivery to the consumer a standard plate count of not more than 10,000 per milliliter as determined by official samples taken and examined at intervals of not more than one week and unless it conforms to the requirements of this chapter and is produced under the supervision of a milk commission approved by the Council of the American Association of Medical Milk Commissions and registered with the state commissioner of health.

Certified milk shall be delivered to the consumer within thirty-six hours after milking in bottles or single service containers filled and capped or closed at the processing plant. The closures used shall completely cover the pouring lips of the bottles or containers.

Special A Raw. No milk shall be labeled or designated as Special A Raw unless it is obtained from milking animals which have passed the tuberculin test, are free from Brucellosis, are free from mastitis and are examined physically by a licensed veterinarian at intervals of not more than three months. Such milk shall be so produced, handled and cooled as to have at any time prior to delivery to the consumer a standard plate count of not more than 10,000 per milliliter according to official samples taken and examined at intervals of not more than one month. Whenever a standard plate count exceeds 10,000 per milliliter the permit issuing official shall cause official samples to be collected and examined at intervals of not more than one week until two successive counts do not exceed 10,000.

No milk shall be labeled or designated as Special A Raw unless all employees at the dairy have been examined and certified by a physician, acceptable to the permit issuing official, as being free from any disease or condition which may be communicated through milk. Such examination shall, in each instance, include careful questioning as to the occurrence of enteric diseases or other ailments in the past and an examination of the arms, hands and other exposed parts of the body for suppurating lesions. When there is reason to suspect the existence of a carrier condition or other infection communicable through milk, the examination shall include the taking of appropriate laboratory specimens and their examination in a laboratory approved by the state commissioner of health for such examinations.

Milk to be labeled or designated as Special A Raw shall be cooled immediately after milking to a temperature of 50 degrees Fahrenheit or less, and shall be maintained at or below such temperature until delivery to the consumer.

Special A Raw milk shall be delivered within thirty-six hours after milking in bottles or single service containers filled and capped or closed at a processing plant handling only milk meeting the requirements of this chapter for Special A Raw milk.

Raw. No milk shall be labeled or designated as Raw unless it is obtained from milking animals which have passed the tuberculin test, and is produced, handled and cooled so as to have, at any time prior to delivery to the consumer, a standard plate count of not more than 30,000 per milliliter.

Milk to be labeled or designated as Raw shall be cooled immediately after milking to a temperature of 50 degrees Fahrenheit or less, and shall be maintained at or below such temperature until delivery to the consumer.

Raw milk shall be delivered within thirty-six hours after milking in bottles or single service containers filled and capped or closed at the processing plant, except as herein provided.

No milk shall be labeled or designated as Raw unless it is obtained from milking animals free from Brucellosis. (Enacted June 27, 1957, amended May 13, 1958, effective August 1, 1958.)

Regulation 56. Designations of cream. No cream shall be sold or offered for sale unless it shall bear prominently one and only one of the following designations: Certified Pasteurized, Grade A Pasteurized, Certified, Special A Raw or Raw.

No false, ambiguous or misleading word, term or design shall appear on any cap or tag containing such designation nor upon the containers.

The caps or tags on the containers or, if caps are not used, the containers shall bear the grade designation in the exact form and size designated by the state commissioner of health. The name and address of the distributor or final processor shall also appear upon the cap, tag or container. No printed or other matter appearing on the cap or tag shall be so placed as to obscure the grade designation or the name and address of the distributor or final processor which shall be clearly visible without the removal of an outer cap or covering.

Whenever cans of prepasteurized or of Raw cream are carried in the same truck or stored in the same place as cans of pasteurized milk, cream or milk products, each can of prepasteurized or Raw cream shall be clearly labeled "Raw".

All cream shall be delivered to the consumer in bottles or single service containers except that with the written permission of the health officer cream of any grade except Certified Pasteurized or Certified may be delivered and sold in other types of containers to hospitals, institutions, camps, hotels, restaurants and other public eating places to be consumed on the premises, provided that such containers are properly labeled as to grade and destination and have their covers sealed.

Certified Pasteurized. No cream shall be labeled or designated as Certified Pasteurized unless it has been obtained from milk conforming to the requirements of this chapter for Certified Pasteurized and unless such cream shall have at any time after pasteurization and prior to delivery to the consumer a standard plate count of not more than 2,500 per milliliter.

Certified Pasteurized cream shall be delivered to the consumer in bottles or single service containers filled and capped or closed at the place of pasteurization. The closure used shall completely cover the pouring lips of the bottles or containers.

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Grade A Pasteurized. No cream shall be labeled or designated as Grade A Pasteurized unless it has been obtained from milk conforming to the requirements of this chapter for Grade A Pasteurized and unless such cream shall have at any time before pasteurization a direct microscopic or standard plate count of not more than 250,000 per milliliter if pasteurized at the place of separation, and not more than 500,000 per milliliter at the pasteurizing plant if the cream is shipped by rail or truck to such plant and unless it shall have at any time after pasteurization and prior to delivery to the consumer a standard plate count of not more than 100,000 per milliliter.

Certified. No cream shall be labeled or designated as Certified unless it has been obtained from milk conforming to the requirements of this chapter for Certified milk and unless such cream shall have at any time prior to delivery to the consumer a standard plate count of not more than 50,000 per milliliter.

Certified cream shall be delivered to the consumer within forty-eight hours after milking in bottles or single service containers filled and capped or closed at the processing plant. The closures used shall completely cover the pouring lips of the bottles or containers.

Special A Raw. No cream shall be labeled or designated as Special A Raw unless it has been obtained from milk conforming to the requirements of this Chapter for Special A Raw Milk and unless it shall have at any time prior to delivery to the consumer a standard plate count of not more than 50,000 per milliliter.

Special A Raw cream shall be delivered to the consumer within forty-eight hours after separation.

Raw. No cream shall be labeled or designated as Raw unless it has been obtained from milk conforming to the requirements of this chapter for Raw milk and unless it shall have at any time prior to delivery to the consumer a standard plate count of not more than 200,000 per milliliter.

Raw cream shall be delivered to the consumer within seventy-two hours after separation. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 57. (Rescinded, May 25, 1959, effective July 1, 1959.)

Regulation 58. Milk products. All milk products shall be made from milk or cream which meets the requirements of this chapter for milk or cream of a grade permitted to be sold in the municipality where sold or offered for sale. Such milk products shall be sold only in bottles or single service containers filled and capped or closed mechanically, except that, with the written permission of the health officer, sales and deliveries may be made in other containers.

Milk products shall bear on the outer cap or container the name of the product, the designation "Pasteurized" and the name and address of the distributor or final processor which shall be clearly visible.

The regulations of this chapter shall not apply to milk products which are packaged in hermetically sealed containers and either sterilized therein or containing sufficient sugar to prevent bacterial growth. (Enacted June 27, 1957, amended May 13, 1958, effective August 1, 1958.)

Regulation 59. (Rescinded October 28, 1960, effective April 1, 1961.)

SECTION I - MISCELLANEOUS

Regulation 60. Protection of milk and milk products. Milk and milk products not to be consumed on the premises where sold shall be kept in a suitable clean place at a temperature of 50 degrees Fahrenheit or lower.

Bottled milk or cream, if stored in water, shall be stored so that the tops of the bottles will not be submerged nor the milk otherwise contaminated. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 61. Cheese to be labeled. The manufacturer shall imprint, on each cheese, his name and address or an equivalent identifying number or symbol, together with the word "Pasteurized" if said cheese is pasteurized or is made from pasteurized milk, skim milk or cream or, if not pasteurized, with the date of manufacture. The manufacturer shall have such information imprinted on each box, carton, jar and package of packaged cheese but may substitute for the date on packaged unpasteurized cheese a statement to the effect that the contents have been aged for 60 days or more. All labels shall be affixed by the manufacturer at the place of manufacture.

The packer, assembler, processor or wholesaler, in repackaging or dividing cheese into wholesale cuts, shall affix to each package or portion a label bearing his name and address in addition to the word

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"pasteurized" or the date of manufacture in accordance with the original label or, in lieu of the date of manufacture on packaged unpasteurized cheese, a statement that the contents have been aged for 60 days or more.

The manufacturer's label or that affixed by the packer, assembler, processor or wholesaler shall remain on the cheese until the last piece is processed, repackaged or sold to the consumer.

When cheese which has been pasteurized or has been aged for 60 days or more as indicated by the label on the original product is divided by a retailer into smaller cuts in advance of sale to the consumer, there shall be prominently displayed in retailer's store a notice to the effect that all portions of such cheese either have been pasteurized or have been aged for 60 days or more as indicated by the label appearing on the original product. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 62. Definitions relating to cheese. The term "Cheese" as used in regulation 61, 62, 63, 64 and 65 of this chapter shall mean cheddar and cheddar type cheese (including the stirred type, Colby cheese and washed curd cheese) in its original form or when prepared as processed cheese or cheese blends, cheese foods or cheese spreads. The terms "milk", "skim milk" and "cream" shall mean respectively cow's or goat's milk and skim milk or cream derived therefrom. Pasteurization shall mean subjecting every particle of milk, skim milk, cream or cheese to a temperature of not less than 143 degrees Fahrenheit continuously for 30 minutes or more or to a temperature of not less than 161 degrees Fahrenheit for 15 seconds or more or, if approved in writing by the state commissioner of health, to a temperature for a length of time which in his judgment gives equivalent treatment. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 63. Cheese to be pasteurized or aged. No person manufacturing cheese or handling cheese as a wholesaler, assembler or broker in the state of New York and no person obtaining cheese from outside the State shall release any cheese to the retail trade or to consumers unless such cheese has been pasteurized or has been allowed to ripen or cure at a temperature of not less than 35 degrees Fahrenheit for a period of not less than 60 days from date of manufacture or has been manufactured from milk, skim milk or cream all of which has been pasteurized. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 64. Milk and milk products for cheese making. All milk and milk products derived therefrom used in the manufacture of cheese shall be clean and wholesome. (Enacted June 27, 1957, effective September 1, 1957.)

Regulation 65. Water supply. All water used in the manufacture of cheese shall be of a safe sanitary quality. (Enacted June 27, 1957, effective September 1, 1957.)

CHAPTER III-A
Manufacturing Cream

Regulation 1. Intent. The intent of this chapter is to make it possible to identify "manufacturing cream" not meeting the requirements of chapter III of this code and to prevent its diversion to sale as "cream" as defined by such chapter. (Enacted January 27, 1932, effective March 1, 1932.)

Regulation 2. Definitions. When used in this chapter the term "cream" means "cream" as defined in regulation 1 of chapter III of this code; the term "manufacturing cream" means cream which does not meet the requirements of chapter III of this code; the term "person" means a corporation, association, firm or individual; the term "local health officer" means the health officer as defined in regulation 1 of chapter III of this code. (Enacted January 27, 1932, effective March 1, 1932.)

Regulation 3. Marking of containers. All containers in which manufacturing cream is purchased, sold or stored shall have securely wired to the handle, as long as any manufacturing cream remains therein a bright red tag or label not less than 3 inches by 5 inches in size and with a metal eyelet through which the wires pass. The eyelet of the tag shall be not more than 2 inches from the handle. This label shall bear prominently the designation, MANUFACTURING CREAM, the approximate butterfat content or a recognized term indicating the approximate butterfat content and the name and address of the plant at which the contents of said container originated. (Enacted January 27, 1932; and amended March 25, 1936, effective April 1, 1936.)

Regulation 4. Records to be kept. Every person who sells manufacturing cream shall keep a true and complete monthly record of the names and addresses of all persons from whom he has obtained and/or to whom he has sold "manufacturing cream" and "cream," with the amounts obtained from and sold to each, together with records of inventories of all "manufacturing cream" and "cream" on hand on the last day of each month. Such person shall also keep a true and complete record of all "manufacturing cream" and "cream" used by him for manufacturing purposes and of the movement of "manufacturing cream" and "cream" into and out of storage. Such records shall be so kept that the latest twelve months' records are always on file and shall at all times be open to the inspection of the state commissioner of health or the local health officer or the authorized representative of either. (Enacted January 27, 1932, effective March 1, 1932.)

Regulation 5. Permit required for sale of manufacturing cream. No person shall sell or offer for sale any manufacturing cream previously purchased by him without first having obtained a permit from the state

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commissioner of health. Permits shall be granted only to those persons who comply with the regulations of this chapter. Such permits shall expire annually on the thirty-first day of December and shall be renewable on or before such date in each year, and may be revoked at any time by the state commissioner of health after a hearing on due notice for misrepresentation or for wilfull or repeated violation of any of the provisions of this chapter. (Enacted January 27, 1932, effective March 1, 1932.)

Regulation 6. Application for permit required. Each person seeking to obtain a permit to sell manufacturing cream shall make a written application therefor to the state commissioner of health on a form to be furnished by said commissioner. (Enacted January 27, 1932, effective March 1, 1932.)

Regulation 7. Reports to be made. Whenever required by the state commissioner of health, any person holding a permit for the sale of manufacturing cream shall submit reports at such times and in such form and detail as the commissioner of health shall require. (Enacted January 27, 1932, effective March 1, 1932.)

CHAPTER III-B

Baby Formula Milk Service

(Added March 19, 1948, effective May 1, 1948)

Regulation 1. Definitions. For the purposes of this chapter:

(a) The term "baby formula milk" means a special liquid food prepared for a particular infant and containing as an ingredient milk, skimmed milk, evaporated milk, condensed milk, dried milk or dried skimmed milk.

(b) The term "person" means a corporation, association, firm or individual.

(c) The term "health officer" means the health official hereinafter designated serving the area in which baby formula milk is to be prepared, offered for sale, sold, or delivered; namely, the health officer of a county or part-county health district, the health officer of a city having a population of 50,000 or more and not included in a county or part-county health district, or the district state health officer having jurisdiction over an area not served by either of the above-mentioned health officers.

(d) The term "plant" means the room or rooms used for the preparation, bottling, storage and selling of baby formula milk. (Enacted March 19, 1948, effective May 1, 1948.)

Regulation 2. Permit required. No person shall prepare, offer for sale, sell or deliver baby formula milk without first obtaining a permit from the appropriate health officer; provided that persons preparing such milk in private homes, general hospitals, maternity hospitals, maternity homes, or child caring institutions, for use on the premises will not be required to obtain a permit.

Following inspection a permit shall be issued when, in the opinion of the health officer, there is compliance with the requirements of this code. The health officer shall transmit within five days to the state commissioner of health, a copy of each permit issued. Permits shall be on form prescribed by the state commissioner of health.

All permits shall expire annually on the thirty-first day of December and shall be renewable on or before such date in each year.

A permit may be suspended at any time by the health officer or by the state commissioner of health for violation of the sanitary code or otherwise when deemed by him necessary for the protection of the public health. A permit may be revoked by the health officer or by the state commissioner of health after a hearing on due notice.

The health officer may, in his discretion, accept and use in connection with the issuance of a permit and subsequent supervision the reports of the health officer of another municipality or of the state de-

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5, 6, 7

partment of health with reference to inspections and bacteriological examinations, when furnished with official records of the results thereof.

The health officer, when convinced that an applicant is complying or will comply with the requirements of this chapter, may in his discretion issue to such applicant a temporary permit to prepare, offer for sale, sell or deliver baby formula milk pending the completion of the inspections and the examinations herein prescribed, or to provide reasonable opportunity for completion of necessary changes in methods, plant or equipment but such a temporary permit shall not continue in effect more than thirty days. (Enacted March 19, 1948; and amended July 22, 1948, effective August 1, 1948.)

Regulation 3. Physician's order required. No baby formula milk shall be prepared, offered for sale, sold or delivered except on the order of a duly licensed physician. A copy of such order, including the name and address of the consumer, shall be kept on file by the operator of the baby formula milk plant for at least 30 days after termination of service to the consumer. (Enacted March 19, 1948, effective May 1, 1948.)

Regulation 4. Plant facilities. Every person engaged in the business of preparing, bottling, storing or selling baby formula milk shall provide and maintain a plant suitable for such purpose and used for no other purpose. Such plant shall be well lighted and ventilated and kept clean and free from flies, roaches, rodents and other animals. The walls, ceilings and floors shall be of tight construction. Such plant shall not open directly into any room used for household cooking, living or sleeping purposes; or into any stable, garage or room used for the storage or handling of any material that constitutes a health hazard. (Enacted March 19, 1948, effective May 1, 1948.)

Regulation 5. Cleaning and sterilizing facilities for bottles and utensils. Adequate sanitary facilities for washing and sterilizing formula bottles, nipples, caps and utensils in the plant shall be provided and used. Formula bottles, nipples and caps shall be sterilized under steam pressure or in flowing steam as prescribed hereinafter for terminal sterilization. Sterilized bottles, nipples and caps shall be so stored as to be protected against contamination until filled. (Enacted March 19, 1948; and amended March 17, 1950, effective April 1, 1950.)

Regulation 6. Water supply. An adequate water supply of a safe sanitary quality shall be provided and only such water shall be used for preparing baby formula milk and for washing bottles and utensils. (Enacted March 19, 1948, effective May 1, 1948.)

Regulation 7. Handwashing facilities. Handwashing facilities shall be provided in the formula preparation room. (Enacted March 19, 1948, effective May 1, 1948.)

Regulation 8. Ingredients. All ingredients used for baby formula milk shall be clean, wholesome and free from contamination and adulteration. Milk and skimmed milk used shall conform to the requirements of this code. (Enacted March 19, 1948, effective May 1, 1948.)

Regulation 9. Supervision. Every baby formula milk plant shall be supervised at all times during operation by a person on duty who is a licensed physician, registered nurse, or graduate dietitian who has had hospital training in the preparation of baby formula milk. (Enacted March 19, 1948, effective May 1, 1948.)

Regulation 10. Bottling and terminal sterilization. The baby formula milk as prepared for each infant shall be poured immediately into individual sterile feeding bottles and capped. The capped bottles shall be subjected immediately to terminal heating by steam under pressure of not less than fifteen pounds (121 degrees Centigrade or 250 degrees Fahrenheit) for not less than five minutes or at a pressure not less than six pounds (110 degrees Centigrade or 230 degrees Fahrenheit) for not less than ten minutes, or by flowing steam at a temperature of not less than 160 degrees Centigrade (212 degrees Fahrenheit) for not less than thirty minutes. The temperature of the baby formula milk as determined by periodic examination shall be not less than 93 degrees Centigrade (200 degrees Fahrenheit) at the end of the heating process. The product shall be sterile upon bacteriological examination made in a laboratory approved by the state commissioner of health. (Enacted March 19, 1948, effective May 1, 1948.)

Regulation 11. Refrigeration. Bottles of baby formula milk shall be so cooled immediately after terminal sterilization that all particles of milk are 50 degrees Fahrenheit or lower and kept at or below that temperature and protected from contamination at all times until delivered to the consumer. (Enacted March 19, 1948, effective May 1, 1948.)

Regulation 12. Labeling. Each bottle of baby formula milk shall bear the following information:

- (a) The name and address of the plant where the milk was prepared;
- (b) The day and hour the milk was bottled;
- (c) The name and address of the infant for whom the milk is ordered; and
- (d) A statement that the milk must be kept refrigerated at 50 degrees Fahrenheit or lower prior to use. (Enacted March 19, 1948, effective May 1, 1948.)

Regulation 13. Time limit on delivery of baby formula milk. Baby formula milk shall be delivered to the consumer within 12 hours of the time of bottling. (Enacted March 19, 1948, effective May 1, 1948.)

Regulation 14. Caps; use of nipples as caps prohibited. Caps for baby formula milk bottles shall seal and protect the mouth of the bottle effectively during sterilization, storage and delivery to the home. Nipples shall not be used as caps nor shall they be sent to the plant

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with returned bottles, except that for service to general hospitals, childcaring institutions, maternity homes and maternity hospitals, baby formula milk may be delivered in bottles with nipples which have been attached and covered with caps previous to terminal sterilization and such nipples may be returned to the plant. (Enacted March 19, 1948; and amended March 17, 1950, effective April 1, 1950.)

CHAPTER IV*

Pathogenic Microorganisms and Laboratories

Regulation 1. Inoculation with living microorganisms or viruses.

The use of living microorganisms or viruses other than therapeutic or prophylactic preparations of such microorganisms or viruses approved by the state commissioner of health in the inoculation of human beings for the prevention or treatment of disease is hereby prohibited until full and complete data regarding the methods of use, including a specimen of the culture and other agents employed therewith, and a full account of the details of preparation, dosage, and administration, shall have been submitted to the state commissioner of health and until permission shall have been granted in writing by the state commissioner of health for the use of the same. (Enacted April 7, 1914; renumbered May 1, 1929; March 9, 1932; amended and renumbered June 28, 1932; amended July 30, 1947; renumbered October 28, 1955, effective December 1, 1955.)

Regulation 2.* Distribution of living pathogenic microorganisms or viruses. No person having in his possession pathogenic microorganisms or viruses or cultures of pathogenic microorganisms or viruses other than cultures or preparations of such microorganisms or viruses approved by the state commissioner of health, shall sell or convey such pathogenic microorganisms or viruses or cultures of such microorganisms or viruses to any other person or to any laboratory unless such sale or conveyance shall have been approved by the state commissioner of health. (Enacted February 4, 1916; renumbered May 1, 1929; amended and renumbered June 28, 1932; amended February 18, 1938; amended July 30, 1947; renumbered October 28, 1955, effective December 1, 1955.)

Regulation 3. Bacterial rat poisons, sale, manufacture and use of, prohibited. No person shall prepare or manufacture, sell, offer for sale, give away, deal in, supply or use, or have in his or her possession with intent to sell, offer for sale, give away, deal in, supply, or use any rodent or other animal pest exterminator which contains living bacteria. (Enacted June 28, 1932, renumbered October 28, 1955, effective December 1, 1955.)

Regulation 4. Inspection of laboratories. The state commissioner of health, or his authorized representative, shall have authority to inspect every bacteriological, chemical or pathological laboratory doing work for the health authorities of the state or of any county or municipality therein or making any examinations which the sanitary code may re-

* See Article 32, Public Health Law.

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quire to be performed in an approved laboratory. He may advise the person in charge of such laboratory as to the methods or procedures relative to such examinations, and he may report the result of the inspection to the authorities of the county or municipality in which the laboratory is located. (Enacted April 7, 1914; renumbered May 1, 1929; amended and renumbered June 28, 1932; and renumbered October 28, 1955, effective December 1, 1955.)

Regulation 5. Histologic and cytologic specimens to be examined in certain cases. Specimens of tissue or cells removed by operation, biopsy, aspiration or necropsy for examination as an aid in the diagnosis, prevention, or treatment of a reportable human disease or to determine the cause of death shall be submitted to a laboratory approved by the state commissioner of health for such examination or to the division of laboratories and research, Albany. (Enacted September 23, 1932; amended June 26, 1940; June 26, 1946; and October 15, 1948, renumbered October 28, 1955, effective December 1, 1955.)

Regulation 6. Results of tests to be reported only to physicians or authorized persons. No person shall report the result of any test, examination or analysis of a specimen submitted for evidence of human disease except to a physician, his agent, or other person authorized by law to employ the results thereof in the conduct of his practice or in the fulfillment of his official duties. Reports shall not be issued to the patients concerned except with the written consent of the physician or other authorized person. (Enacted April 22, 1949, renumbered October 28, 1955, amended September 28, 1956, effective October 1, 1956.)

CHAPTER IV-A

Human Blood Donors, Human Blood, Human Plasma, Human Serum, or Other Derivatives for Therapeutic or Prophylactic Purposes, Grouping and Typing Sera

Regulation 1. The methods of preparation, distribution, and use of human blood, human plasma, human serum, or their derivatives regulated. The methods of preparation and distribution of human plasma, human serum, or their derivatives to be sold or offered for sale by commercial biological laboratories for therapeutic or prophylactic purposes including the collection of blood, sterility and safety tests, packaging, labeling, dating, storage, and records of distribution shall conform to the requirements of the National Institute of Health of the United States Public Health Service. The methods of preparation, distribution, and use of human blood, human plasma, human serum or their derivatives by other laboratories or by hospitals for therapeutic or prophylactic purposes shall conform to Regulations 2 to 9 inclusive of this chapter. (Enacted February 19, 1943; and amended July 22, 1948, effective August 1, 1948.)

Regulation 2. Laboratory tests to be made. Laboratory tests required as an aid in determining that blood donors are free from communicable disease and tests of sterility required to determine that the blood, plasma, serum, or any derivatives of them is suitable for therapeutic or prophylactic purposes shall be made in a laboratory approved for such examinations by the state commissioner of health, in a laboratory licensed by the United States Public Health Service for the preparation of human blood, plasma, serum, or other human blood derivatives, or in a laboratory maintained by the United States Army, Navy, Veterans Bureau, or Public Health Service.

In every case, a specimen of blood shall be collected from the donor at the time of transfusion and sent to a laboratory approved for serologic tests for evidence of syphilis. If, due to an emergency, a specimen of the donor's blood cannot be sent to an approved laboratory prior to the transfusion of blood, a preliminary test for evidence of syphilis shall be made. Tests shall be made to determine the blood groups to which the recipient and the donor belong, according to the Landsteiner classification, and the Rh type. The compatibility cross match of the blood of the donor and of the recipient shall be determined by a method suitable for detecting Rh as well as blood group incompatibility. (Enacted February 19, 1943; amended July 22, 1948, and October 17, 1952, effective January 1, 1953.)

Regulation 3. Blood processing laboratories or hospitals to submit a statement and to keep records. Laboratories or hospitals engaged in or undertaking the processing of human blood, human plasma, human serum, or their derivatives for therapeutic or prophylactic purposes shall submit to the state commissioner of health a statement of the procedures used in the preparation, testing, and storage of the product or products sold, distributed, or offered for use. Complete and accurate

* See Article III, section 24-a, Public Health Law.

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records shall be kept by such laboratories or hospitals. The premises, equipment, procedures, records, and circulars of instruction shall be open to inspection by the state commissioner of health or his authorized representative. Full instructions for the use of the product shall accompany each container and copies of all circulars of information and directions including methods of dilution and of administration shall be filed with the state commissioner of health. Each container shall be clearly labeled with the dosage, unit value in standard units, and the expiration date. (Enacted February 19, 1943; and amended July 22, 1948, effective August 1, 1948.)

Regulation 4. Institutions to keep records of transfusions. Complete and accurate records of transfusions of human blood, human plasma, human serum, or their derivatives shall be kept by the institution in which the transfusion is performed. When pooled products are administered, the records shall show the lot number of the specific pool used. Such records shall be open to inspection by the state commissioner of health or his authorized representative and shall include the information specified in Regulations 5, 6, or 7 of this chapter, whichever shall apply. (Enacted February 19, 1943; and amended July 22, 1948, effective August 1, 1948.)

Regulation 5. Records to be kept when recently drawn human blood is used for transfusion. When recently drawn human blood is used for transfusion, the records kept by the institution in which the transfusion is performed shall include:

- (a) The date of the transfusion and quantity of material given.
- (b) The name of the physician or surgeon making the transfusion.
- (c) The name and address of the recipient.
- (d) The condition of the recipient during and after the transfusion.
- (e) The name and address of the donor.

(f) Certification by a physician authorized to practice medicine under the laws of New York State that a physical examination and an interrogation of the donor have been made on the day upon which the blood is obtained from the donor and that such donor is in his judgment free of disease transmissible by blood transfusion including malaria, other diseases incited by protozoa, syphilis, infectious hepatitis, and acute upper respiratory infection, and that the blood of the donor has a hemoglobin content of at least 12.5 grams per 100 milliliters of blood.

(g) The results of serologic tests of the donor's blood for evidence of syphilis together with the date of the tests and the name of the laboratory in which such tests were performed.

(h) The results of tests to determine the blood groups to which the recipient and the donor belong according to the Landsteiner classification and the Rh type and of cross-matching tests to demonstrate that the blood of the donor and of the recipient are compatible. (Enacted February 19, 1943; and amended July 22, 1948, effective August 1, 1948.)

Regulation 6. Records to be kept when human blood or non-pooled human plasma is stored. When human blood or human non-pooled plasma is stored for future use, the records of the institution in which the blood is drawn and prepared for storage shall include:

- (a) The name and address of the donor.
- (b) Certification by a physician authorized to practice medicine under the laws of New York State that a physical examination and interrogation of the donor have been made on the day upon which the blood is obtained from the donor and that such donor is in his judgment free of disease transmissible by blood transfusion including malaria, other diseases incited by protozoa, syphilis, infectious hepatitis, and acute upper respiratory infection, and that the blood of the donor has a hemoglobin content of at least 12.5 grams per 100 milliliters of blood.
- (c) The results of serologic tests of the donor's blood for evidence of syphilis together with the date of the tests and the name of the laboratory in which such tests were performed.
- (d) The date on which the blood was drawn.
- (e) The specimen or lot number or other identification of the product.
- (f) The blood group to which the donor belongs according to the Landsteiner classification and the Rh type.

The container shall bear a label on which shall be entered the name and address of the producing laboratory or hospital, the date on which the blood was drawn, the results of the serologic tests for evidence of syphilis, the specimen or lot number or other identification of the product, the blood groups according to the Landsteiner classification, and the Rh type to which the blood belongs. (Enacted February 19, 1943; and amended July 22, 1948, effective August 1, 1948.)

Regulation 7. Records to be kept when stored human blood is used for transfusion. When human blood is stored and is used for transfusion, the records kept by the institution in which the transfusion is performed shall include:

- (a) The date of the transfusion and quantity of material given.
- (b) The name of the physician or surgeon making the transfusion.
- (c) The name and address of the recipient.
- (d) The condition of the recipient during and after the transfusion.
- (e) The name and address of the producing laboratory or hospital.
- (f) The specimen or lot number or other identification of the product.
- (g) The length of time that the blood was stored before it was used for transfusion.
- (h) The results of tests to determine the blood groups of the recipient according to the Landsteiner classification and the Rh type and of cross-matching tests to indicate that the blood of the donor and of the recipient are compatible. (Enacted February 19, 1943; and amended July 22, 1948, effective August 1, 1948.)

Regulation 8. Records to be kept when human blood plasma, human serum, or their derivatives are used for transfusion. When human blood

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plasma, human serum, or their derivatives are used for transfusion, the records kept by the institution in which the transfusion is performed shall include:

- (a) The date of the transfusion and quantity of material given.
- (b) The name of the physician or surgeon making the transfusion.
- (c) The name and address of the recipient.
- (d) The condition of the recipient during and after the transfusion.
- (e) The kind of product used.
- (f) The name and address of the producing laboratory or hospital.
- (g) The specimen or lot number or other identification of the product.
- (h) The expiration date of the product. (Enacted February 19, 1943; and amended July 22, 1948, effective August 1, 1948.)

Regulation 9. Compliance with regulations of the National Institute of Health. All solutions for use as anti-coagulants or diluents of blood, plasma, or their derivatives must meet the regulations of the National Institute of Health of the United States Public Health Service, insofar as sterility and pyrogen content are concerned. (Added July 22, 1948, effective August 1, 1948.)

Regulation 10. Compliance with recommended requirements of the National Institute of Health. All blood grouping or typing sera offered for sale or use for the determination of blood groups according to the Landsteiner classification and the Rh type shall conform to the recommended requirements of the National Institute of Health of the United States Public Health Service. All such products shall bear information indicating their potency. (Added July 22, 1948, effective August 1, 1948.)

Regulation 11. Notification to agencies. The state commissioner of health shall make available upon request to all agencies concerned a copy of the rules and recommended requirements of the National Institute of Health of the United States Public Health Service. (Added July 22, 1948, effective August 1, 1948.)

CHAPTER V

Drinking Water Supplies

(Former Chapter V, titled "Water Supplies," repealed June 2, 1953; new Chapter V enacted on June 2, 1953; to be effective July 1, 1953)

Regulation 1. Definitions. The term, "public water supply," as used in this chapter shall mean any drinking water supply system serving the general public, irrespective of its ownership or operation. This term shall not apply to a water supply serving exclusively a camp, hotel, school, institution, factory or other private property or a group of fewer than five dwellings.

The term, "source of public water supply," shall mean any well, spring, infiltration gallery, stream, reservoir, pond or lake from which by any means water is taken either periodically or continuously for the domestic needs of the public.

The term, "auxiliary source of public water supply," shall mean a source of water which is not normally used but which has been approved by the Water Power and Control Commission as a source of water and developed for use when for any reason the normal source or sources fail to meet the normal demand.

The term, "emergency source of public water supply," shall mean a source of water which has not been developed or approved as a regular source of water and which is developed during an emergency for temporary use as a source of water in case of failure or inadequacy of the regular or auxiliary source of public water supply.

The term, "water treatment plant," shall mean any plant or equipment, which through the addition of chemicals or through aeration, ionic exchange, sedimentation, or filtration, or through any combinations of treatment, shall change the physical, chemical or bacterial quality of the water.

Regulation 2. Approval of plans. No owner of a public water supply shall make or construct or allow to be made or constructed: (a) a new water treatment plant for the treatment of an existing public water supply, or (b) any addition to or modification of an existing water treatment plant, or (c) any addition to or modification of a public water supply system which will or may affect the quality of the public water supply, until the plans and specifications for such addition, modification or change shall first have been submitted to and receive the approval of the state commissioner of health. The state commissioner of health may grant approval of such plans or may require such modification as, in his opinion, the public health or safety may require. Application for such approval shall be made on a form prescribed by and in accordance with the requirements of the state commissioner of health. This regulation shall not apply to a new or additional source or sources of public water supply of a permanent character which are subject to the approval of the Water Power and Control Commission under the provisions of Article XI of the Conservation Law.

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Regulation 3. Approval of fluoridation of drinking water supplies. Fluorine compounds shall not be added to a public or any other drinking water supply until a written application has been submitted to and written approval is granted by the state commissioner of health.

Regulation 4. Protection and supervision of public water supplies. The owner and those operating a public water supply shall exercise due care and diligence in the maintenance and supervision of all sources of public water supply so as to prevent their pollution in so far as possible.

Regulation 5. Sampling new sources of public water supply. No new permanent source of public water supply shall be placed in service until a sample of water from the said source has been examined and reported upon by the state department of health. A supply may be placed in service under either of the following conditions:

(a) If the sample of water is reported to be of a quality satisfactory to the state commissioner of health; or,

(b) If the quality of the water is not satisfactory, a treatment process has been instituted and a sample of treated water is submitted to the state department of health and written approval of the effectiveness of treatment has been issued by the state commissioner of health.

Regulation 6. Providing treatment of public water supplies. The owner of a public water supply shall install an appropriate water treatment plant for the treatment of the supply when both the impracticability of protecting the source or sources of such water supply so as to prevent potential or actual pollution and the necessity for the specified degree of treatment have been certified by the state commissioner of health or by the district state health officer, county commissioner of health or city commissioner of health having jurisdiction.

Regulation 7. Operation of water treatment plants. (a) The owner or those in charge of the operation of a public water supply shall operate and maintain all water treatment plants, if any, in such a manner as to produce an effluent having a quality satisfactory to the state commissioner of health.

(b) Complete daily records shall be kept of the operation of water treatment plants on forms furnished or approved by the state commissioner of health and a copy of such records shall be forwarded to him or his designated representative at monthly intervals.

(c) Every owner or operator of a water treatment plant shall provide laboratory facilities satisfactory to the state commissioner of health. Tests essential for the control of the operation of such treat-

ment plant shall be made daily or more frequently if required. The results of such tests shall be recorded on forms furnished or approved by the state commissioner of health and forwarded to him or to his designated representative at monthly intervals.

Regulation 8. Examination of samples of water. (a) Samples of water shall be collected from a tap or taps on the distribution system of each public water supply by the local health officer having jurisdiction or by those in charge of the public water supply or their designated representatives at specified intervals in accordance with the requirements of the state commissioner of health.

(b) Additional samples of water shall be collected from the distribution system of each public water supply by the local health officer or his representative as may seem necessary to them to insure adequate control of the sanitary quality of the supply.

(c) All such samples of water, except those collected for examination by the state department of health, or those collected for examination at a water treatment plant for the control of the operation of such plant, shall be submitted for examination to a laboratory approved for the purpose by the state commissioner of health in containers of a type approved by the state department of health, and shall be accompanied by all pertinent data relative to the supply on forms furnished or approved by the state department of health.

Regulation 9. Reporting emergency changes in public water supplies. No owner or operator of any public water supply shall take, use, or cause to be taken for use for public water supply purposes water from an emergency source other than the regular or auxiliary source or sources of public water supply; nor shall discontinue the chlorination or treatment of any public water supply; nor shall make any change whatsoever which may affect the quality of such water supply without first having notified by telephone or telegram and received the approval of the district state health officer, the county commissioner of health or the city commissioner of health having jurisdiction. Upon the receipt of such notification, the district state health officer, the county commissioner of health or the city commissioner of health having jurisdiction shall in turn advise the local water supply officials and any interested local health officer or health officers of the action to be taken or as to the approval of the action proposed to be taken by the local water supply officials to protect the health of the consumers served by the water supply during the emergency.

A printed copy of this regulation shall be kept constantly posted in the office used by the authorities owning or having charge of any such water supply.

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Regulation 10. Disinfection of spring basins, collecting basins, wells, infiltration galleries, water mains and reservoirs. No spring basin, collecting basin, well or infiltration gallery used as a source of public water supply, nor any main, standpipe, reservoir, tank or other pipe or structure through which water is delivered to consumers for potable purposes shall be placed in use after it has been constructed, cleaned or repaired until such structure or main has been disinfected in a manner approved by the state commissioner of health, provided that this shall not apply to mains, tanks, reservoirs, or structures, the waters from which are subsequently treated or purified in a manner satisfactory to the state commissioner of health.

Regulation 11. De-watering trenches. No repairs to distribution systems of public water supplies shall be made until those portions of the trenches containing the mains, valves or other structures being repaired have been de-watered to a point below the mains, valves or other structures, and every effort made to prevent the entrance of foreign material and seepage into such mains, valves or other structures.

Regulation 12. Cross-connections between water supplies prohibited except under certain conditions. No owner or operator of a public water supply shall permit any physical connection between the distribution system or other structure of such supply containing water of a quality satisfactory to the state commissioner of health and any other distribution system, tank, reservoir, vat, sump or other structure which is supplied by a separate water supply also serving the consumers premises, except under the following conditions:

(a) When the separate water supply is regularly examined as to its quality by those in charge of the public water supply to which the connection is to be made and is found to be of a quality satisfactory to the state commissioner of health and approval has been given by those in charge of the public water supply to the owner of the separate supply authorizing the maintenance of the cross-connection. A copy of such approval and one set of the plans for such cross-connection shall be filed with the state commissioner of health.

(b) When the water from the public water supply is discharged into an elevated tank, suction tank, sump or pit above the elevation of the maximum water level of such tank, sump or pit to which water of unsatisfactory quality is also discharged. Such tank, sump or pit shall be open to atmospheric pressure. Such elevated tank, suction tank, sump or pit shall be inspected at least annually by those in charge of the public water supply and suitable records of such inspections shall be maintained by those in charge of the public water supply.

(c) When special adjustable pipe connections of other protective devices are provided and so arranged that water cannot be secured simultaneously from both the public water supply and a separate supply of unsatisfactory quality nor flow from the separate supply to the public water supply, provided an application and plans for such special connections are submitted to and receive the approval of those in charge of the public water supply and of the state commissioner of health. All such adjustable pipe connections or other protective devices shall be inspected at least annually by those in charge of the public water supply and a suitable record of such inspection shall be maintained.

(d) When sprinkler systems or piping systems serving fire hydrants used exclusively for fire protection purposes are connected to a public water supply system and also to the pressure system of a fire pump taking suction from a separate supply which is unsatisfactory without treatment, but which has been approved for the purpose by the state commissioner of health, provided that the separate water supply system is equipped with a special fire pump chlorinator, and double all-bronze check valves of a design approved by the state commissioner of health, an application and plans for which shall be submitted to and receive the approval of those in charge of the public water supply and of the state commissioner of health. Such check valves shall be examined and tested for leakage at specified intervals as noted in the certificate of approval. Records of such tests and of the daily operation of the fire pump chlorinator shall be maintained and submitted at monthly intervals to those in charge of the public water supply and to the state commissioner of health. Those in charge of the public water supply or their designated representatives shall inspect the fire pump chlorinator at least monthly and records of such inspections shall be maintained.

Regulation 13. Certain interconnections prohibited. (a) Interconnections between a public water supply system or any other drinking water supply system and any drain, sewer, sewer flush tank, siphon manhole, pipe, open tank, pressure tank, sump or vat, or other structure which contains liquids, chemicals, unsafe or otherwise unsatisfactory water, sewage or any other contaminating substances are prohibited, except when such interconnection is so installed and protected in a manner satisfactory to the state commissioner of health so as to prevent the pumpage, drainage, backflow or siphonage of such liquids, chemicals, unsafe or otherwise unsatisfactory water, sewage or any other contaminating substance into the public water supply system, or any other drinking water supply system.

(b) All blow-off drains or discharge pipes connected to distribution systems of public water supplies shall be terminated at points where these structures will not be subject to flooding or otherwise subject to contamination by sewage or surface water.

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Regulation 14. Pumping equipment. Equipment used for the pumping of a public water supply, which is not subject to subsequent treatment, shall be so installed and operated as to prevent flooding by surface water and exposure of the suction pipe to polluted water. Whenever priming is necessary, such pump shall be primed with water of a quality satisfactory to the state commissioner of health.

Regulation 15. Protection of equalizing and distribution reservoirs. Equalizing and distribution reservoirs utilized for the storage of water of a public water supply which will be delivered to the public without subsequent treatment, shall be covered or otherwise protected so as to exclude human and animal trespassers and prevent the pollution of the water by surface drainage or otherwise.

Regulation 16. Drinking water in factories, industrial plants, schools, institutions and other similar establishments. Wherever a public water supply of satisfactory quality is available, no other supply shall be furnished for drinking purposes in any factory, industrial plant, school, institution, or similar establishments, unless such other supply is approved by the local health officer. If no such public water supply is available, the water for drinking purposes shall be of a quality satisfactory to the local health officer. If the water supply for industrial or fire protection purposes is obtained entirely or in part from a source not approved for drinking purposes, this supply shall be distributed through an independent piping system having no connection with the system for drinking purposes. All faucets or other outlets furnishing water not safe for drinking shall be so marked conspicuously.

CHAPTER VI*

Swimming Pools and Bathing Beaches

(Chapter VI generally enacted, amended and renumbered on November 21, 1947, effective January 1, 1948.)

Regulation 1. Definitions. The term "swimming pool" as used in this chapter shall mean any swimming pool together with buildings and appurtenances used in connection therewith, and shall be construed as including both "artificial" and "partly artificial" swimming pools.

The term "artificial swimming pool" shall mean a structure intended for bathing or swimming purposes, made of concrete, masonry, metal, or other impervious material, located either indoors or outdoors, and provided with controlled water supply.

The term "partly artificial swimming pool" shall mean a pool formed artificially from a natural body of water and used for bathing purposes.

The term "bathing beach" shall mean a bathing place, together with buildings and appurtenances if any and the water and land areas used in connection therewith, at a natural pond, lake, stream or other body of fresh or of salt water which is used for bathing or swimming with the express or implied permission or consent of the owner or leasee of the premises or which is operated for a fee or any other consideration or which is openly advertised as a place for bathing or swimming by the public. (Enacted December 14, 1927; amended and renumbered June 28, 1932; amended May 18, 1934; November 21, 1947; May 20, 1949; March 27, 1953, and March 23, 1956, to be effective May 1, 1956.)

Regulation 1-A. Application. The requirements of this chapter shall not apply to a private swimming pool, bathing beach or other bathing facilities maintained by individuals for use of their families and friends nor to a wading pool having a maximum depth of 24 inches or less, nor to such swimming and bathing facilities maintained and operated in connection with a temporary residence or farm labor camp subject to the regulations of Chapter VII or Chapter XV of this code. (Enacted March 23, 1956, effective May 1, 1956.)

Regulation 2. Approval of plans. No municipality, person, firm, corporation, association, organization or institution shall construct an artificial swimming pool, or make changes in any already built or in the appurtenances thereof if such changes may affect health, until the plans and specifications therefor shall first have been submitted to and received the approval of the county or part-county health officer, or of the health officer of a city of 50,000 population or over, or of the state district health officer, in whose respective jurisdiction such swimming pool is located, or of the state commissioner of health. The

* Formerly Chap. X

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state commissioner of health or health officer having jurisdiction may stipulate when granting this approval such modifications or conditions as the public health or safety may require. Application for such approval shall be made on a form prescribed by and in accordance with the requirements of the state commissioner of health or authority granting the approval.

Plans for any separate sewage disposal works to be constructed at swimming pools or bathing beaches shall be submitted to and receive the approval of the state commissioner of health and be approved in conformity with the regulations of the Water Pollution Control Board. (Enacted May 18, 1934; and amended November 21, 1947, and September 20, 1954, effective January 1, 1955.)

Regulation 3. Annual permit for operation required. No municipality, person, firm, corporation, association, organization or institution shall operate or maintain or permit the use of any swimming pool or bathing beach without a written permit from the local health officer on a form prescribed by the state commissioner of health to be issued subject to the provisions of this code and such additional sanitary safeguards as may be imposed by the local health officer. Such permit shall state the method of treatment, if any, of the water and the maximum number of persons who will be allowed to use the swimming pool at any one time. The permit shall be posted conspicuously at the swimming pool or bathing beach. Each such permit shall expire December 31, following the date of issue, and may be revoked for cause either by the local health officer or by the state commissioner of health after a hearing. The health officer of a city under 50,000 population and of a village or town, not located in a county or part-county health district, shall transmit a copy of each permit to the district state health officer as soon as issued. The copy of any revoked permit shall be removed and the copy of any notice of revocation of a permit issued by the local health officer shall be posted. (Enacted December 14, 1927; amended and renumbered June 28, 1932; May 18, 1934; amended December 15, 1939; November 21, 1947; May 20, 1949; September 20, 1954 and March 23, 1956, effective May 1, 1956.)

Regulation 4. Application required for permit. Application for such permit shall be made in duplicate to the local health officer on a form prescribed by the state commissioner of health at least fifteen days before the expiration of a permit or at least fifteen days before the opening of any new swimming pool or bathing beach. One copy of each such application shall be transmitted to the district state health officer by the local health officer of a city under 50,000 population and of a village or town, not located in a county or part-county health district, promptly upon its receipt by him. (Added November 21, 1947, amended May 20, 1949 and March 23, 1956, effective May 1, 1956.)

Regulation 5. Construction and maintenance. Every swimming pool shall be so designed, constructed and equipped as to facilitate cleaning and shall be maintained and operated in such manner as to be clean and sanitary at all times. In artificial swimming pools hereafter constructed inlets and outlets shall be so located and spaced as to secure satisfactory dispersion of the inflowing water throughout the pool. (Enacted December 14, 1927; renumbered June 28, 1932; amended and renumbered May 18, 1934; and November 21, 1947, effective January 1, 1948.)

Regulation 6.* Interconnections. There shall be no physical connection between a potable public or private water supply system and a pool structure at a point below the maximum flow line of the pool or to a recirculating or heating system of a swimming pool, unless such physical connection is so installed and operated that no pool water can be discharged or siphoned into a potable water supply system. (Enacted May 18, 1934; and amended and renumbered November 21, 1947, effective January 1, 1948.)

Regulation 7. Drains. All drainage from an artificial swimming pool structure to a sewer receiving domestic sewage shall be discharged into said sewer in such a manner that sewage cannot be siphoned, flooded or otherwise discharged into the swimming pool. (Enacted May 18, 1934; and amended and renumbered November 21, 1947, effective January 1, 1948.)

* Regulation 6 can be complied with by introducing fresh water from a potable public or private water supply to a pool or to a recirculating or heating system of a pool by one of the following methods:

(a) Through a connection to the suction pipe of a recirculating pump, provided that the pipe line admitting fresh water be extended in a vertical loop at least five feet above the maximum water level of the pool, and provided that double check valves be installed between the pump and the loop, and provided that a "bleeder" with a check valve be so installed on the loop as to afford an air break of vacuum relief.

(b) Through a connection to a float valve located above the maximum water level of a suction pit from which the suction pipe of the recirculating pump leads.

(c) Through a connection to a special "swing-joint connection" installed on the recirculating piping and so arranged that it will be impossible to draw pool water into the potable water supply system.

(d) By means of an approved two-port, three-way valve on the piping on the recirculating system so constructed that pool water cannot be drawn into the potable water supply system.

(e) Through an air break on the fresh water pipe line of the potable supply.

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Regulation 8. Protection of public water supplies. A swimming pool or bathing beach located on a watershed of a lake, reservoir, stream or other body of water used as a source of public water supply shall be so operated in the opinion of the local health officer as not to create a menace to such supply.

Whenever a swimming pool or bathing beach is located on the banks of a lake, reservoir, stream or other watercourse which is a source of water supply protected by water rules enacted by the state commissioner of health, said water rules shall be strictly observed. (Enacted May 18, 1934; and amended and renumbered November 21, 1947, effective January 1, 1948.)

Regulation 9. Dressing rooms. Dressing rooms provided at swimming pools and bathing beaches shall be sanitary and adequate. The state commissioner of health shall have authority to prescribe when dressing rooms shall be provided at any swimming pool or bathing beach. (Enacted December 14, 1927; amended and renumbered June 28, 1932; May 18, 1934; November 21, 1947; and amended May 20, 1949, effective June 1, 1949.)

Regulation 10. Showers. Adequate shower bath facilities shall be provided at artificial swimming pools when prescribed by the state commissioner of health. When such facilities are provided they shall be maintained and operated to the satisfaction of the local health officer. (Added November 21, 1947; and amended May 20, 1949, effective June 1, 1949.)

Regulation 11. Toilet facilities. Sanitary toilet facilities adequate and conveniently accessible, shall be available for each sex utilizing any swimming pool or bathing beach.

The sewage or excreta from toilet facilities provided in the vicinity of any swimming pool or bathing beach shall be disposed of in a manner satisfactory to the local health officer to avoid pollution of the water used for bathing and in order to avoid the creation of unsanitary conditions at or in the vicinity of such swimming pool or bathing beach. (Enacted December 14, 1927; renumbered June 28, 1932; amended and renumbered May 18, 1934; November 21, 1947; and amended May 20, 1949, effective June 1, 1949.)

Regulation 12. Sanitary quality of water in swimming pools and at bathing beaches.

Collection of samples. The local health officer shall prescribe when samples of water shall be subjected to bacteriological examination to determine the sanitary quality of water in any artificial swimming pool, partly artificial swimming pool or bathing beach, and what series of samples of water shall be collected in each instance.

Analytical methods. Samples collected from swimming pools and bathing beaches shall be examined in accordance with the latest edition of "Standard Methods of Water Analysis" of the American Public Health Association by a laboratory approved for the purpose by the state commissioner of health. At least five 10.0 ml. portions and at least one 1.0 ml. portion of each bacteriological sample shall be examined for the presence of coliform organisms. Samples of water submit-

ted to such laboratories shall be accompanied by all pertinent data relative to the operation of the pool or bathing beach to indicate the conditions prevailing at the time of the collection of samples.

(a) *Artificial swimming pools.*

(1) *Collection of samples.* Samples of water for bacteriological examination shall be collected while the swimming pool is in use at a point near the outlet of the swimming pool and at such additional sampling points as may be selected to indicate the quality of the water being maintained throughout the swimming pool, and in order to furnish information as to the effectiveness of chemical treatment of the water in the swimming pool.

Samples of chlorinated water collected from a swimming pool shall be subject to bacteriological examination within 30 minutes of the time of collection, or such samples shall be dechlorinated when collected before being transported for examination elsewhere.

(2) *Bacteriological quality.* Not more than fifteen per cent of a series of seven or more samples; or not more than one sample in a series of six or less samples collected from an artificial swimming pool in any one month shall show the presence of bacteria of the coliform group in any of the five 10 ml. portions examined; and no single sample shall show the presence of bacteria of the coliform group in all five 10 ml. portions and also in any one ml. portion thereof.

(3) *Chemical quality.* The water in an artificial swimming pool where alum is used as a coagulant shall be maintained at all times in such an alkaline condition that the pH value of the water in the pool shall be between 7.0 and 8.0. When the water in a swimming pool to be disinfected with chlorine has a natural pH value greater than 8.0, free residual chlorine rather than combined residual chlorine shall be maintained in the water.

(4) *Cleanliness.* The bottom and sidewalls of artificial swimming pools shall be kept reasonably free from sediment and visible dirt. Visible scum or floating matter on the surfaces of such pools shall be removed at least once each day. The water in an artificial swimming pool while in use shall be sufficiently clear to permit a white and black object 4 inches in diameter, placed on the bottom of the swimming pool at the deepest point, to be clearly visible from the sides of the swimming pool.

(b) *Partly artificial pools.* When an investigation by the state commissioner of health or by the local health officer shows that the water entering a partially artificial pool is so polluted or so subject to pollution as to constitute a menace to the health of the bathers such entering water shall be treated effectively in a manner approved by the state commissioner of health or by the local health officer.

(c) *Bathing beaches.* No bathing beach shall be maintained or operated on a natural body of water when such water is determined by the state commissioner of health or by the local health officer to be so polluted or so subject to pollution as to constitute a menace to health if used for bathing. Any samples of water from bathing beaches shall be collected within the area utilized for bathing during the bathing period, and such additional samples shall be collected from the waters surrounding the beach as to indicate the sanitary quality of the water likely to affect bathers. (Enacted December 14, 1927; amended January

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11, 1928; amended and renumbered June 28, 1932; May 18, 1934; November 21, 1947; and amended May 20, 1949, effective June 1, 1949.)

Regulation 13. Filtration. Filtration of water being recirculated through an artificial swimming pool shall be provided to maintain clarity of water in a pool when required by the state commissioner of health or by the local health officer. (Added November 21, 1947, effective January 1, 1948.)

Regulation 14. Maximum permissible number of bathers. The maximum number of bathers permitted in any artificial swimming pool at any one time shall not exceed one bather for each 25 square feet of the water surface of the pool. (Added November 21, 1947, and amended May 20, 1949, effective June 1, 1949.)

Regulation 15. Disinfection. (a) *Disinfection with chlorine.* When the disinfection of the water in a swimming pool is by chlorination secured through the use of chlorine, calcium hypochlorite, sodium hypochlorite or other chlorine compounds, the dose of chlorine or chlorine compound added shall be sufficient to secure a concentration of at least 0.3 p.p.m. free residual chlorine or at least 0.7 p.p.m. combined residual chlorine, or the sum of free residual chlorine plus combined residual chlorine of at least 0.7 p.p.m. in all portions of the swimming pool throughout each bathing period. The orthotolidine-arsenite test or an equivalent test approved by the state commissioner of health shall be made at the beginning, during, and at the end of each day that the swimming pool is in use to determine the concentration of free residual chlorine and combined residual chlorine in the water in the swimming pool.

(b) *Handling of chlorine gas.* At all new swimming pools constructed after January 1, 1948, and at all existing swimming pools operated after January 1, 1949, where chlorine gas is used as a disinfectant the chlorinators and any cylinders containing chlorine gas used therewith shall be housed in an enclosure separated from the swimming pool, corridors, dressing rooms and other space used by the bathers by a tight partition wall or by a tight partition wall with a door so installed as to prevent gas leakage and equipped with an inspection window. A separate ventilating opening located at the floor level and opening to the exterior shall be provided when such chlorinator enclosure is located above the surface of the ground. When such chlorinator enclosure is located below the surface of the ground an electric motor-driven exhaust fan shall be provided taking suction from near the floor level of the underground enclosure and discharging at a suitable point to the exterior above the ground level. The switch for the operation of the motor of such exhaust fan shall be located at an accessible point outside of the enclosure where the switch will not be exposed to chlorine gas in the event of gas leakage. At least one gas mask in good operating condition and of a type approved by the U. S. Bureau of Mines as

suitable for high concentrations of chlorine gas shall be kept at a readily accessible point near chlorinators feeding chlorine gas whether located above or below the surface of the ground. The person who operated such chlorinating equipment shall be familiar with the use of masks and canisters enclosed therewith and he shall carry out exactly all the instructions furnished with them as to the testing and replacement of the canisters. Such additional precautions shall be taken in the handling and storage of chlorine gas at pools as may be required by the state commissioner of health or by the local health officer, and all municipal regulations relating to the handling and storage of toxic gases shall be complied with.

(c) Disinfection by other than chlorine compounds. Disinfectants other than chlorine or chlorine compounds may be used if approved by the state commissioner of health under conditions prescribed by the local health officer when issuing a permit for the operation of a specific swimming pool and such disinfectant shall be so used as to insure the effective disinfection of the water throughout the pool during each period when the pool is in use, so that the quality of the water in the pool shall meet the requirements of regulation 12. (Added November 21, 1947, effective January 1, 1948.)

Regulation 16. Lifesaving equipment and lifeguards. Readily accessible lifesaving equipment meeting the approval of the state commissioner of health or the local health officer shall be provided at swimming pools and bathing beaches.

At least one lifeguard trained to make rescues, give first aid, to exercise control over the bathers in the bathing and swimming area, shall be required at all swimming pools and bathing beaches. The bathers shall be under the direct supervision of the lifeguard, and such guard shall be present at the bathing area at all times when the pool or bathing beach is officially open.

Additional lifeguards shall be required by the health officer issuing the permit whenever in his opinion it is necessary for the protection of the bathers. (Added November 21, 1947, amended March 23, 1956, effective May 1, 1956.)

Regulation 17. Operator or attendant and operating records. Each swimming pool or bathing beach shall be under the supervision of an operator or competent attendant who shall require the careful observance of sanitary regulations prescribed in this chapter and the requirements of the permit issued for such pool or beach. At all swimming pools where artificial circulation, filtration, or any chemical treatment is used, complete daily records shall be kept of the operation of such pools on forms furnished or approved by the state commissioner of health and a copy of such records shall be forwarded at monthly intervals to the health officer having jurisdiction and also to the district state health officer when the records pertain to a pool located in a city of less than 50,000 population or in a village or town not located in a county or part-county health districts. A full report of any serious accident or illness occurring at a swimming pool or bathing beach shall be reported by the operator to the local health officer within 24 hours. (Enacted December 14, 1927; renumbered June 28, 1932; amended and renumbered May 18, 1934; November 21, 1947; amended May 20, 1949 and March 23, 1956, effective May 1, 1956.)

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Regulation 18. Care of suits and towels. All bathing suits and towels furnished or rented to the public shall be washed with soap and hot water, rinsed and thoroughly dried after each use. (Enacted December 14, 1927; amended and renumbered June 28, 1932; renumbered May 18, 1934; and amended and renumbered November 21, 1947, effective January 1, 1948.)

Regulation 19. Pollution of swimming pool prohibited. Urinating, expectorating or blowing the nose in any swimming pool is prohibited. (Enacted December 14, 1927; renumbered June 28, 1932; and amended and renumbered November 21, 1947, effective January 1, 1948.)

Regulation 20. Communicable disease. No person having skin lesions, sore or inflamed eyes, mouth, nose or ear discharges, or who is known to the local health officer to be a carrier of the microorganisms of any communicable disease, shall use any swimming pool or bathing beach. (Enacted December 14, 1927; amended and renumbered June 28, 1932; amended May 18, 1934; and amended and renumbered November 21, 1947, effective January 1, 1948.)

Regulation 21. Spectators. Persons not dressed for bathing shall not be allowed on walks immediately adjacent to artificial swimming pools, and bathers shall not be allowed in places provided for spectators. However, the local health officer may waive these requirements when in his judgment such practices will not be detrimental to the proper operation and maintenance of the pool. (Enacted December 14, 1927; renumbered June 28, 1932; amended and renumbered November 21, 1947; and amended May 20, 1949, effective June 1, 1949.)

Regulation 22. Care of floor surfaces. All floors of dressing rooms, toilet rooms, passageways and walks at every swimming pool and bathing beach where dressing rooms are available shall be maintained in a clean condition at all times. (Enacted June 28, 1932; amended and renumbered May 18, 1934; amended April 19, 1946; and amended and renumbered November 21, 1947, effective January 1, 1948.)

Regulation 23. Posting regulations. Placards reciting regulations 19 to 21 inclusive shall be posted conspicuously at the swimming pool or enclosure and in the dressing rooms and offices of all swimming pools. (Enacted December 14, 1927; renumbered June 28, 1932; amended and renumbered May 18, 1934; and November 21, 1947, effective January 1, 1948.)

Chapter VII
Temporary Residences *

Regulation 1. Definitions. As used in this Chapter, the following words and terms shall have the indicated meanings:

(a) "Temporary residence" shall mean a property consisting of a tract of land and all tents, vehicles, buildings or other structures pertaining thereto, any part of which may be occupied, for a continuous period of less than eleven months, by people who are provided with at least some part or portion of the sleeping facilities by the operator, owner, lessee or occupant thereof, with or without stipulated agreement as to the duration of their stay, whether or not they are supplied with meals, but who are supplied with such services or facilities as are necessary for their use of such property. It shall include, but shall not be limited to: a property occupied by adults, children, or both, primarily for educational, recreational or vacation purposes; a property providing ground areas for the parking of occupied house trailers; a group of three or more cabins or houses; a property used as a labor camp except a farm labor camp as defined in Chapter XV of this Code, tourist camp, motel, tourist home, hotel, boarding house or lodging house, or other establishment comparable or equivalent thereto.

(b) "Permit issuing officials" shall mean the health commissioner or health officer of a city of 50,000 population and over, or of a county or part-county health district, or the state district health officer, in whose respective jurisdiction a temporary residence is located.

(c) "Person" shall mean an individual, group of individuals, partnership, firm, corporation or association.

(d) "Drinking water" shall mean water provided or used for human consumption or for lavatory or culinary purposes.

(e) "Sewage" shall mean the waste from a flush toilet, bath, sink, lavatory, dishwashing or laundry machine, or the water-carried waste from any other fixture or equipment or machine. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 2. Application. (a) The requirements of this Chapter shall apply to a temporary residence occupied by or maintained for occupancy by ten or more people; except -

(1) A temporary residence for which all water is derived from a public water supply system and from which all sewage is discharged to a public sewer system;

(2) A temporary residence occupied by an individual or his family or his personal friends or his household employees which is not one of a group of three or more complete residence units operated as a temporary residence;

(3) A temporary residence operated by a person approved, certified or licensed under the Social Welfare Law as to the activities so approved, certified or licensed;

* This Chapter supercedes Chapter VII entitled Camps and Chapter VIIA entitled Hotels, Lodging Houses, Boarding Houses. The previous Chapter VII superceded the original Chapter V which was adopted October 20, 1914, renumbered Chapter VII, June 28, 1932, and subsequently amended from time to time.

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(4) A temporary residence conducted as living quarters in conjunction with a circus, fair or carnival;

(5) A temporary residence occupied for less than 60 hours in any calendar year;

(6) A temporary residence used as a jail, hospital, nursing or convalescent home, school or college dormitory, or a fraternity or sorority house;

(7) Any other type of operation, occupancy or use of a temporary residence determined by the State Commissioner of Health as not being within the intent of regulation by this Chapter.

(b) The requirements of this Chapter shall not apply to a farm labor camp as defined in Chapter XV of this code. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 3. Notice of Construction, Enlargement or Conversion Required. No person shall construct or enlarge for occupancy or use, a temporary residence or any portion or facility thereof, or convert a property for use or occupancy as a temporary residence, without giving notice in writing of his intent to do so to the permit issuing official, at least fifteen days before the date of beginning such construction, enlargement or conversion. The notice shall give the name of the city, village, or town in which the property is located, the location of the property within that area, a brief description of the proposed construction, enlargement or conversion, and the name and mail address of the person giving the notice and his telephone number, if any. The notice shall be supplemented by such further information, plans or specifications as may be required by the permit issuing official. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 4. Permit to Operate Required; Application, Issuance, Revocation, Posting. (a) No person shall operate any temporary residence or cause or allow the same to be occupied without a permit to do so from the permit issuing official.

(b) Application for a permit to operate a temporary residence shall be made to the permit issuing official, on a form and in a manner prescribed by the State Commissioner of Health, by the person who will operate the temporary residence. Application for a permit to operate a temporary residence shall be made at least fifteen days before the first day of proposed operation of such temporary residence, subsequent to its construction or conversion or subsequent to the effective date of this Chapter. An application shall be filed for a new permit, following the revocation of a permit, before the first day of the resumption of operation of the temporary residence. In the event of an intended change of operator of a temporary residence, the new operator shall apply for a permit before the change is effected. An application for a permit shall be filed before a change in the name of a temporary residence occurs.

(c) The permit issuing official shall issue a permit for the operation of a temporary residence on a form prescribed by the State Commissioner of Health if he finds that the temporary residence will not be a source of danger to the general public health or to the health of the occupants of the temporary residence, and if he finds that the temporary residence or the proposed operation thereof conforms or will conform to the requirements of this Chapter. The permit issued for the operation of a temporary residence shall expire upon a change of the operator of the temporary residence or upon the revocation of the permit. The permit issued for the operation of any temporary residence in a city or county having a sanitary code applicable to such a property shall expire on such date as may be specified in such code.

(d) The permit issuing official may issue a temporary permit to operate a temporary residence if he finds that such temporary residence does not, or the proposed operation thereof will not, comply with the requirements of this Chapter, provided the applicant for a permit to operate such a temporary residence files with the permit issuing official a statement of intention to comply with the requirements within a stated period. The temporary permit shall prescribe the terms, requirements or conditions upon which the temporary residence may be temporarily operated. A temporary permit shall expire on the date designated by the permit issuing official.

(e) A permit shall not be transferrable or assignable.

(f) A permit may be revoked by the permit issuing official if he finds that the temporary residence for which the permit was issued is maintained, operated or occupied in violation of law, the state sanitary code, or the sanitary code of the health district in which the temporary residence is located. A permit may be revoked upon request of the permittee or upon abandonment of operation.

(g) A permit issued for the operation of a temporary residence shall be posted or kept on file and made available by the operator on request. (Enacted November 19, 1954; effective January 1, 1955.)

Regulation 5. Location, Grounds. (a) A temporary residence shall not be located where adequate surface drainage is impracticable or where satisfactory disposal of sewage cannot be provided.

(b) The grounds of a temporary residence shall be maintained in a clean and reasonably dry condition. (Enacted November 19, 1954; effective January 1, 1955.)

Regulation 6. Housing; Fire Hazards; Maintenance. (a) A building or structure of a temporary residence shall be structurally safe, adequate in size for its use, easy to keep clean and shall have watertight roof and sides, except that a structure such as a lean-to, occupied by people, shall be so constructed and maintained as to exclude rain

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from the portions of the structure used as shelter.

(b) A tent or building for the use or accommodation of people shall have a satisfactory floor unless exempted in writing by the permit issuing official.

(c) Adequate sleeping quarters shall be provided.

(d) Adequate light and ventilation shall be provided for sleeping quarters, kitchens, dining rooms, mess halls and toilet rooms.

(e) Where a stove or other source of heat is provided, it shall be installed in such a manner as to avoid both a fire hazard and a dangerous concentration of fumes or gas.

(f) A building in which people sleep or eat shall be provided with ready exit in case of fire. If sleeping quarters are provided above the ground floor, at least one outside exit from floors above the ground floor may be required by the permit issuing official.

(g) A tent, vehicle, or building shall be maintained in a clean, sanitary condition at all times. (Enacted November 19, 1954; effective January 1, 1955.)

Regulation 7. Water. (a) Drinking water shall be adequate in quantity, of a quality satisfactory to the permit issuing official and shall be readily available to occupants of the property. Only drinking water shall be so delivered or piped as to be easily accessible.

(b) A well or spring used as a source of drinking water and a structure used for the storage of drinking water shall be so constructed and located as to protect the contents against pollution. A pipe or pump delivering drinking water shall be of a type and installation acceptable to the permit issuing official.

(c) There shall be no physical connection between a pipe carrying drinking water and a pipe carrying water not of a quality satisfactory to the permit issuing authority. A fixture, installation or equipment from which back-siphonage may occur, shall not be supplied water from a pipe carrying drinking water.

(d) A common drinking utensil shall not be provided or allowed to be used. Any drinking fountain shall be of approved sanitary design and construction.

(e) Where a water treatment process is employed, accurate and complete reports on the operation thereof shall be maintained daily and submitted at least monthly to the permit issuing official on a form supplied by him.

(f) Any interruption in treatment of a drinking water supply shall be reported immediately to the permit issuing official. No change in the source of, nor in the method of treatment of, a drinking water supply shall be made without first notifying the permit issuing official and securing his approval to do so. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 8. Toilets, Privies. (a) Toilet facilities adequate for the capacity of the temporary residence shall be provided. These

facilities shall be so located as to be conveniently available and shall be so constructed and maintained that they will not be offensive. Toilet facilities for groups of people consisting of both sexes, except those for not more than two family groups, shall be so arranged that the facilities shall be separate for each sex. Toilet facilities shall be so located as to be accessible without any person passing through any sleeping room other than his own.

(b) A privy shall be so located and constructed that it will not by leakage or seepage possibly pollute a water supply, surface water or adjacent ground surface and shall be constructed in accordance with the requirements of the State Department of Health and shall be maintained so that it will not permit access of flies to the privy vault. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 9. Sewerage. (a) Facilities shall be provided and maintained for the satisfactory disposal or treatment and disposal of sewage.

(b) A plan for proposed new or modified facilities for the satisfactory disposal or treatment and disposal of sewage shall be submitted to the permit issuing official, or, if otherwise required by Article 12 of the Public Health Law, to the Water Pollution Control Board.

(c) A permit or approval in writing for the discharge of sewage or sewage effluent as provided by the plans shall be obtained from the permit issuing official or from the Water Pollution Control Board if so required by Article 12 of the Public Health Law.

(d) No construction shall be commenced for new or modified facilities for the treatment or disposal, or the treatment and disposal of sewage until such permit or approval in writing has been received by the permittee. Construction shall be in accordance with the approved plans.

(e) The presence of untreated sewage on the surface of the ground shall not be allowed. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 10. Kitchen; Dining Room; Food Handling. (a) Wherever milk, cream, food or meals are furnished or offered for sale in a temporary residence adequate provisions shall be made for sanitary storage, handling and protection of food and milk supplies until served or used.

(b) A kitchen or dining room shall be separate from a toilet room and shall be screened against mosquitoes and house flies. A kitchen shall be separate from a sleeping room and shall not be used as a sleeping room. Equipment shall be adequate for satisfactory use of the kitchen or dining room and shall be kept clean and in good repair and operating condition.

(c) Where food storage, preparation or service is necessarily carried out in single room quarters occupied by a family, space for such pur-

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poses shall be provided in addition to the space required for sleeping purposes. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 11. Dishwashing. Where food is prepared or consumed, adequate facilities for washing, disinfecting and storing dishes and food utensils shall be provided which are consistent with the need therefor. Dishes and food utensils shall be adequately cleansed, washed and disinfected after each use and shall be handled and stored in a sanitary manner. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 12. Garbage, Refuse. Adequate and sanitary facilities shall be provided and maintained for the storage and disposal of garbage and refuse. Sanitary methods shall be used for the collection, temporary storage, handling and disposal of garbage and refuse. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 13. Milk and Cream. Whenever milk or a milk product as defined in Chapter III of the Sanitary Code is sold, offered for sale, used or served, it shall be obtained from a dealer holding a permit as provided in that Chapter. No milk or milk products as defined in that Chapter other than pasteurized shall be sold, offered for sale, used or served. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 14. Bathing Facilities. Suitable and adequate shower or tub bathing facilities shall be provided unless exempted in writing by the permit issuing official. (Enacted March 23, 1956, effective May 1, 1956.)

Regulation 14-A. Swimming Pools and Bathing Beaches. A swimming pool or bathing beach operated as a part or facility of a temporary residence for the use only of the occupants, guests, or employees of that temporary residence shall be constructed, maintained and operated so as to protect the safety and health of the persons using the swimming pool or bathing beach. Chapter VI of this Code shall not apply to such pool or beach. (Enacted March 23, 1956, effective May 1, 1956.)

Regulation 15. Miscellaneous; Duties of Permittee. (a) No individual known to be a possible transmitter of a communicable disease shall be employed in a temporary residence in any capacity; except, that this requirement shall not apply to a tuberculous individual employed in a temporary residence approved by a permit issuing official for the housing of tuberculous patients.

(b) Children under 16 years of age not accompanied by an adult in a temporary residence shall be provided with adequate and competent adult supervision exercised by a supervisor or supervisors present on the property.

(c) Satisfactory arrangements shall be made to assure adequate medical and nursing supervision and care at or readily available to the temporary residence.

(d) A person to whom a permit to operate a temporary residence has been issued shall provide a competent individual to be in charge of

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the property who shall be on or available to the property during reasonable hours of a day while the property is occupied or open for occupancy.

(e) A person to whom any permit is issued shall comply with the provisions of this Chapter and with all conditions stated in the permit. (Enacted November 19, 1954, effective January 1, 1955.)

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 2 Use of nitro-cellulose x-ray film prohibited.
 3 Poisonous substances for polishing kitchenware or silverware prohibited.
 4 Manufacture, sale or the offer for sale of shaving or lather brushes made of animal hair or animal bristles regulated.
 5 Spitting in public places forbidden.
 6 Common towel forbidden.
 7 Common drinking cups and drinking and eating utensils forbidden.
 8 Sale or use of lead nipple shields prohibited.
 9 Poisonous insecticides and exterminators.
 10 Precautions to be observed in the use of dyes and inks containing aniline or nitrobenzene or other benzene derivatives for marking diapers and hospital linens.
 11 Impervious and bactericidal wrapping.
 12 Warning labels required on certain plastic material.

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- Reg. 1 Definitions.
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when such sale is obviously or presumably for the cleaning of nickel, copper, silverware or silver plated ware or other articles or utensils used for the service or preparation of food or food stuffs.

No polish, article or substance containing any cyanide preparation or other poison shall be used for the cleaning of nickel, copper, silverware or silver plated ware or other articles or utensils used for the service or preparation of food or food stuffs. (Enacted November 6, 1929; amended June 30, 1931; renumbered June 28, 1932; and amended June 28, 1932; and amended June 5, 1951, effective July 1, 1951.)

Regulation 4. Manufacture, sale or the offer for sale of shaving or lather brushes made of animal hair or animal bristles regulated. No person shall manufacture, sell or offer for sale a shaving or lather brush unless all animal hair or animal bristles used in the manufacture thereof shall have been obtained from an establishment under permit from the United States Public Health Service for the sterilization of such hair or bristles in accordance with Section 12.14 ("Shipment of shaving or lather brushes") of the Interstate Quarantine Regulations, pursuant to the provisions of Section 3 of the act of Congress approved February 15, 1893, 27 Stat. 450, as amended. (Enacted February 11, 1919; amended December 6, 1921; amended and renumbered June 28, 1932; and amended May 21, 1943, effective July 1, 1943.)

Regulation 5. Spitting in public places forbidden. Spitting upon the floor of public buildings or buildings used for public assemblage, or upon the floors or platforms or any part of any railroad or trolley car or ferry boat, or any other public conveyance, is forbidden. (Enacted December 18, 1914; and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 6. Common towel forbidden. No person, firm, corporation or authorities owning, in charge of, or in control of any lavatory or wash room in any hotel, lodging house, restaurant, factory, school, store, office building, railway or trolley station, or public conveyance by land or water shall provide in or about such lavatory or wash room any towel for common use. The term "common use" in this regulation shall be construed to mean, for use by more than one person without cleansing. (Enacted December 18, 1914; amended April 27, 1920; and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 7. Common drinking cups and drinking and eating utensils forbidden. The use of common drinking cups, and of common drinking or eating utensils in any public place or public institution, or in any hotel, lodging house, theatre, factory, store, school or public hall; or in any railway or trolley car or ferry boat; or in any railway or trolley station or ferry house; or the furnishing of any such common

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drinking cup or drinking or eating utensil for common use in any such place is prohibited.

The term "common use" in this regulation shall be construed to mean for use by more than one person without adequate cleansing. (Enacted December 18, 1914; amended March 4, 1915; amended and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 8. (RESCINDED)

Regulation 9. Poisonous insecticides and exterminators. The term insecticide or exterminator as used herein shall mean and include any substance containing a poison used for the destruction or control of insects, fungi, vermin, rodents, or other pests, provided that the term shall not include fumigants nor products sold for manufacturing or non-insecticidal purposes. The term poison in this regulation shall mean any drug, chemical or preparation which is liable to be destructive to adult human life in quantities of sixty grains or less. The sale, distribution, possession, or use of an insecticide or exterminator is prohibited unless the container bears a label which conforms to the requirements of Chapter IX-A of this Code.

Insecticides or exterminators in the form of a white powder consisting wholly of or containing arsenic in its elemental form or in any of its combinations or fluorine in any of its combinations if sold, offered for sale, or otherwise possessed or used shall be colored blue, red, or green to an intensity not less than value 8 chroma 4 in accordance with the Munsell System of Color notation or to a neutral shade corresponding to a value of 7.0 according to said system. Such insecticides or exterminators when intended or used for agricultural purposes shall be colored if kept, stored, or used in a room in which food is manufactured or prepared or in which powdered food is stored for purposes other than commercial storage or storage in transit. (Enacted December 19, 1941; amended December 17, 1943; March 17, 1944, and March 26, 1954, effective September 1, 1954.)

Regulation 10. (RESCINDED)

Regulation 11. Impervious and Bactericidal Wrapping. When an impervious material is used as a wrapper for straws, tubes, spoons, or other utensils or devices for drinking or eating from containers, it shall not permit water when applied to one surface, at standard conditions of temperature (20°C.) and pressure (760 mm Hg), to pass through and wet the opposite surface during a period of one hour, as determined by test in a laboratory approved for the purpose by the state commissioner of health.

When a bactericidal paper or other material is used as a wrapper for straws, tubes, spoons, or other utensils or devices for drinking or eating from containers, it shall give a reduction of 99 per cent in the numbers of bacteria applied to it, as determined by test in a laboratory approved for the purpose by the state commissioner of health. Any bactericidal compound impregnated into such paper or material shall be tasteless, odorless and non-toxic. (Enacted December 7, 1956, amended April 26, 1957, effective April 26, 1957.)

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CHAPTER XI

Qualifications of Public Health Personnel

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CHAPTER XI

Qualifications of Public Health Personnel

SECTION A--LOCAL HEALTH OFFICERS*

Regulation 1. Definitions. The term "local health officer" as used in this chapter shall be construed to mean a health officer or health commissioner of a city, or his deputy; a health commissioner or deputy health commissioner of a county or part-county health district; or a health officer of a town, village or consolidated health district. The term "deputy" as used in this chapter shall mean an assistant to the local health officer who is qualified as hereinafter defined to act temporarily as health officer during the absence or disability of the health officer. (Enacted May 20, 1932; amended November 22, 1946 and January 27, 1961, effective February 1, 1961.)

Regulation 2. Qualifications required. No person shall hereafter be appointed as a local health officer unless he shall possess at the time of appointment, the qualifications hereinafter prescribed for such position: Except, that any local health officer other than a deputy holding office prior to December 1, 1946 who possessed the qualifications prescribed by the public health council at the time of his appointment shall be qualified for reappointment. (Enacted May 20, 1932; amended February 15, 1946; and November 22, 1946, effective December 1, 1946.)

Regulation 3. Preliminary qualifications. All local health officers shall be physicians and shall be licensed or eligible for examination for license to practice medicine in New York State. (Enacted May 20, 1932; and amended November 22, 1946, effective December 1, 1946.)

Regulation 4. Grades established. There are hereby established qualifications for local health officers in three grades to be known as

Grade I-A. Except deputy health officers, local health officers and commissioners of cities and counties having a population of more than 100,000 at the last preceding federal census, shall have the qualifications prescribed for Grade I-A: Provided that in cities having health departments organized under the provisions of chapter 249, laws of 1921, a physician who has received the degree of doctor of public health in a course in any institution of learning recognized by the university of the state of New York shall be eligible for appointment as health officer.

* See Public Health Law, sections 2-c and 20. Regulations relating to local health officers were originally adopted as a resolution of the public health council July 6, 1915, and subsequently amended from time to time.

* See Public Health Law, Sections 225, 320 and 351.

Grade I-B. Except deputy health officers, local health officers of cities having a population of 50,000 to 100,000 at the last preceding federal census and health commissioners of counties having a population of 100,000 or less at the last preceding federal census shall have the qualifications prescribed for Grade I-B: Provided that in cities having health departments organized under the provisions of chapter 249, laws of 1921, a physician who has received the degree of doctor of public health in a course in any institution of learning recognized by the university of the State of New York shall be eligible for appointment as health officer.

Grade II. Local health officers of all towns, villages, consolidated health districts, and of cities having less than 50,000 population at the last preceding federal census shall have the qualifications prescribed for Grade II.

A deputy health officer employed on a full-time basis shall have the qualifications prescribed for Grade I-B: Provided that under special circumstances specified in a written statement by the appointing authority which shall include a description of the specific duties of the position and a statement as to provision for postgraduate instruction in public health to satisfy the scholastic requirements for Grade I-B, the public health council may waive the requirements for a deputy health officer as to any proposed appointment, such waiver to be valid for a period no longer than two years. A deputy health officer employed part-time shall have the qualifications prescribed for Grade II. (Enacted May 20, 1932; amended June 26, 1934; and November 22, 1946, effective December 1, 1946.)

Regulation 5. Qualifications, Grade I-A and I-B.

Grade I-A. The qualifications for health officers in Grade I-A shall be either practical experience or a combination of such experience with special training and education in public health, consisting of:

(a) Not less than four years of satisfactory full-time experience in a responsible public health position. Or,

(b) Not less than two years of satisfactory full-time experience in general public health work and the completion of a course in public health of at least one scholastic year in residence approved by the public health council. Or,

(c) A combination of part-time or full-time experience in public health with special training which combination in the opinion of the council is the equivalent of either of the above qualifications.

Grade I-B. The qualifications for health officers in Grade I-B shall be either practical experience or a combination of such experience with special training and education in public health, consisting of:

(a) Not less than three years of satisfactory full-time experience in a responsible public health position. Or,

(b) Not less than one year of satisfactory full-time experience in

general public health work and the completion of a course in public health of at least one scholastic year in residence approved by the public health council. Or,

(c) A combination of part-time or full-time experience in public health with special training which combination in the opinion of the council is the equivalent of either of the above qualifications.

The experience required in the foregoing grades shall have been within the ten-year period immediately preceding submission of application to the public health council for consideration of qualifications, except that service during World War II in either the armed forces of the United States Public Health Service need not be included in computing such period of time. (Enacted May 20, 1932; amended November 22, 1946; and November 18, 1949, effective January 1, 1950.)

Regulation 6. Qualifications, Grade II. The qualifications for health officers in Grade II shall consist of the completion of a postgraduate course in public health approved by the public health council as qualifying for this grade if appointment as health officer is made within eight years after the completion of such course: Provided, that under special circumstances specified in a written statement by the appointing authority which shall indicate enrollment in or willingness to enroll in and satisfactorily complete a postgraduate course in public health approved by the public health council, the public health council may waive the requirements for a health officer in Grade II as to any proposed appointment, such waiver to be valid for a period not longer than two years. (Enacted May 20, 1932; amended December 16, 1932; June 23, 1936; and February 15, 1946, effective April 1, 1946.)

Regulation 7. Submission of qualifications. Any physician may submit his qualifications or any local appointing authority may submit the qualifications of a physician, to the public health council for opinion as to whether or not he meets the qualifications of a specified grade. (Enacted May 20, 1932, effective June 1, 1932.)

Regulation 8. Examination may be requested. The public health council may request any physician whose qualifications it is called upon to consider, to take such written, oral and practical examinations in public health as the council may direct. (Enacted May 20, 1932, effective June 1, 1932.)

Regulation 9. Lists to be maintained. The state commissioner of health may maintain lists of persons who have submitted to the council evidence satisfactory to it that they possess the qualifications for any of the three grades herein established. (Enacted May 20, 1932; amended February 15, 1946; and November 22, 1946, effective December 1, 1946.)

SECTION B — PUBLIC HEALTH NURSES

Regulation 11. Definitions. The term "public health nurse" as used in this chapter shall mean a nurse employed pursuant to the provisions of the public health law by the state department of health, a county health commissioner, the health officer of a town, village or consolidated health district, or a town board, or by a county board of supervisors or the board of managers of a county tuberculosis sanatorium pursuant to the provisions of paragraph 44-a, section 12 and section 47 of the county law, or a nurse employed by the health authority of a city to provide, wholly or in part through home visits, care in illness and instruction and guidance in health practices for individuals and families. The term "public health nursing experience" shall mean experience acquired while working as a public health nurse in the employ of a public or private agency authorized to provide a public health nursing service.

The term "adequate nursing supervision" shall mean direct supervision by a public health nurse qualified as hereinafter provided. Such supervision shall include: (1) giving orientation to new nurses to acquaint them with the philosophy, policies and service programs of the agency; (2) visiting from time to time with the nurse selected families under her supervision; (3) giving continuous instruction by means of office and field conferences; (4) meeting the needs of the nurse through staff education.

An "approved program of instruction" in public health nursing shall mean a program designed to give the public health nurse competency in the performance of the duties of a public health nurse. Such programs shall have been approved for their respective purposes by the public health council. (Enacted June 28, 1932; amended May 18, 1934; June 22, 1945; December 16, 1955; and October 27, 1961; effective November 1, 1961).

Regulation 12. Preliminary Qualifications Required. No person shall hereafter be appointed as a "public health nurse" unless she shall possess at the time of appointment, the following preliminary qualifications in addition to those hereinafter specified for the several grades of positions:

(a) Shall be a graduate of a school of professional nursing approved by the New York State board of examiners of nurses;

(b) Shall be licensed or eligible for examination for license to practice as a registered professional nurse in New York State;

(c) Shall have graduated from a standard senior high school or have had an equivalent education as determined by the New York State education department. (Enacted June 28, 1932; amended June 22, 1945; and October 27, 1961; effective November 1, 1961).

Regulation 13. Grades Established. There are hereby established qualifications for public health nurses in three grades to be known as public health nurse for field service, public health nurse for supervision, and public health nurse for direction. (Enacted June 28, 1932; and amended June 22, 1945; effective September 1, 1945).

Regulation 14. Qualifications, Public Health Nurse For Field Service. A public health nurse responsible for carrying out an assigned field service in a public health nursing program shall possess the following qualifications:

(a) The completion of an "approved program of instruction" in public health nursing (of at least 30 credit hours) which meets the criteria adopted by the public health council; or

(b) Graduation from a collegiate basic school of nursing preparing graduates for positions in all categories of nursing, including beginning positions in public health nursing under supervision; or

(c) A combination of "public health nursing experience" and special training which combination in the opinion of the public health council is the equivalent of the above qualifications. (Enacted June 28, 1932; amended June 26, 1934; June 22, 1945; and December 16, 1955; effective January 1, 1956).

Regulation 15. Qualifications, Public Health Nurse For Supervision. A public health nurse responsible for the supervision through instruction and guidance of nurses employed to carry out an assigned field service in a public health nursing program shall possess the following qualifications:

(a) Graduation from a university or college with a bachelor's degree in nursing arts, or science, which included or was supplemented by the courses prescribed for an "approved program of instruction" in public health nursing for the responsibilities of supervision; and two years of "public health nursing experience," under "adequate nursing supervision;" or,

(b) Any combination of education and "public health nursing experience" which in the opinion of the public health council is the equivalent of the above qualification. (Enacted June 22, 1945; amended October 27, 1961; effective November 1, 1961).

Regulation 16. Qualifications, Public Health Nurse For Direction. A public health nurse responsible for assisting the health authority in planning, directing, developing and evaluating the public health nursing service in relation to the total health program, assisting in the correlation of the program with the programs of related agencies, and providing, either directly or through an assistant, "adequate nursing supervision" for public health nurses for field service shall possess the following qualifications:

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(a) Graduation from a university or college with a bachelor's degree in nursing arts, or science, which included or was supplemented by the courses prescribed for an "approved program of instruction" in public health nursing for the responsibilities of direction; and four years of "public health nursing experience," at least two of which were under "adequate nursing supervision" and two of which involved responsibility for supervision of public health nurses; or,

(b) Any combination of education and "public health nursing experience" which in the opinion of the public health council is the equivalent of the above qualification. (Enacted June 22, 1945; amended October 27, 1961; effective November 1, 1961).

Regulation 17. Employment Of A "Public Health Nurse." No local appointing authority shall hereafter employ any "public health nurse" unless the proposed appointee shall have presented satisfactory evidence to the state department of health that she possesses the qualifications established by this section for the responsibilities of the position for which such nurse is to be employed, except that any local appointing authority, with the approval of the state department of health, may employ a public health nurse-in-training or accept for training a student nurse to receive under adequate nursing supervision the field training or practice needed to fulfill the requirements of an educational institution; or may employ, with such approval, a registered professional nurse or licensed practical nurse to render bedside care in the health district under the supervision of a public health nurse. (Enacted June 22, 1945; amended December 16, 1955 and June 10, 1958; effective July 1, 1958).

SECTION C — LABORATORY PERSONNEL

Regulation 18. Definitions. The terms “director” and “pathologist”, as used in this section, shall be construed to mean respectively, directors of laboratories and directors or their assistants in charge of pathological examinations in laboratories, in instances where such laboratories have been approved pursuant to section 502 of the Public Health Law. (Enacted March 27, 1959, effective July 1, 1959.)

Regulation 19. Qualifications required. No person shall hereafter be appointed as a director or pathologist unless he shall possess at the time of appointment the qualifications hereinafter prescribed for such position: Provided, that under special conditions any or all of the qualifications relating to education or experience may be waived by the public health council. (Enacted March 27, 1959, effective July 1, 1959.)

Regulation 20. Preliminary qualifications. All directors and pathologists shall possess the integrity and ability to conduct a laboratory in which satisfactory standards of work can be maintained; directors and pathologists shall be graduates in medicine of schools recognized by the regents of the university of the state of New York and licensed to practice medicine or eligible for examination for license to practice medicine in the state of New York. (Enacted March 27, 1959, effective July 1, 1959.)

Regulation 21. Qualifications, directors. The qualifications for directors shall include an adequate knowledge of diagnostic laboratory work and, subsequent to graduation, at least four years’ training and experience in such work approved by the public health council. (Enacted March 27, 1959, effective July 1, 1959.)

Regulation 22. Qualifications, pathologists. The qualifications for pathologists shall include an adequate knowledge of pathology and, subsequent to graduation, at least four years’ training and experience in pathological work, approved by the public health council, of which at least one year shall have been devoted to training and experience in the diagnosis of neoplastic disease. (Enacted March 27, 1959, effective July 1, 1959.)

(Previous Section C, Chapter XI repealed March 27, 1959, effective June 30, 1959. This Section enacted March 27, 1959, effective July 1, 1959).

SECTION D-DAIRY AND MILK INSPECTORS

Regulation 25. Definition. The term "milk inspector" as used in this section shall be construed to be synonymous with "dairy and milk inspector" and shall mean any individual who is paid from public funds, other than a local health officer, and who is employed or appointed by any county, city, town, village, or consolidated health district, to inspect milk pasteurizing or milk bottling plants, or dairy farms or herds, except that it shall not apply to a veterinarian employed occasionally to make physical examinations or tests of cattle. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 26. Qualifications required. No person shall be appointed hereafter as milk inspector unless he shall possess at the time of appointment the qualifications hereinafter prescribed for such position. This regulation shall not apply to appointments made from civil service lists established prior to October 1, 1937, nor to an individual engaged on September 30, 1937 as such an inspector so as to interfere with his continuance in the same position in the same district where then employed. (Enacted September 24, 1937; and amended March 15, 1940, effective April 1, 1940.)

Regulation 27. Preliminary qualifications. A milk inspector shall be physically capable of performing his duties, able to read, write, make simple arithmetical computations and shall produce evidence acceptable to the appointing authority as to his character and his ability to perform the required duties. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 28. Grades established. There are hereby established qualifications for milk inspectors in three grades to be known as Grade I, Grade II, and Grade III.

Grade I. Milk inspectors in charge of the milk inspection service of any county or county health district, or of any city having a population of 50,000 or more, according to the last federal census, shall have the qualifications prescribed for Grade I.

Grade II. Milk inspectors in charge of the milk inspection service of a city, town, village, or consolidated health district having a population of more than 10,000 and less than 50,000 according to the last federal census, and milk inspectors acting under general supervision of milk inspectors in municipalities or districts in which milk sanitation is required to be under the charge of Grade I inspectors, shall have the qualifications prescribed for Grade II.

Grade III. Milk inspectors of any city, town, village, or consolidated health district having a population of less than 10,000 according to the last federal census, and milk inspectors acting under gen-

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eral supervision of milk inspectors in municipalities or districts in which milk sanitation is required to be under the charge of Grade II milk inspectors, shall have the qualifications prescribed for Grade III.

Nothing herein shall be construed to prevent the employment or appointment of a milk inspector in a grade lower than that for which he is qualified. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 29. Qualifications, Grade I. The qualifications for milk inspectors in Grade I shall be practical experience and special training and education in milk sanitation, consisting of:

(a) Graduation from a university or school of recognized standing with a degree in public health or sanitary engineering, veterinary medicine or agriculture, provided that graduates shall have completed acceptable courses in milk sanitation; and shall have had not less than one year of satisfactory full-time experience in milk sanitation; or,

(b) Completion of a course of instruction in milk sanitation approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three years of satisfactory full-time experience in milk sanitation; or,

(c) Any combination of education, training and experience which in the opinion of the public health council is the equivalent of either of the above qualifications. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 30. Qualifications, Grade II. The qualifications for milk inspectors in Grade II shall be practical experience and special training and education in milk sanitation, consisting of:

(a) Graduation from a high school and completion of a course of instruction in milk sanitation approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than one year of satisfactory full-time experience in milk sanitation; or,

(b) Completion of a course of instruction in milk sanitation approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three years of satisfactory full-time experience in milk sanitation; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of any of the above qualifications. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 31. Qualifications, Grade III. The qualifications for milk inspectors in Grade III shall be practical experience and/or special training and education in milk sanitation, consisting of:

(a) Not less than one year of satisfactory experience in milk sanitation; or,

(b) Completion of a course of instruction in milk sanitation approv-

ed by the public health council as qualifying for this grade, provided that such persons shall have had not less than three months of satisfactory experience in milk sanitation; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of either of the above qualifications. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 32. Submission of evidence of qualifications. Any person may submit evidence of his qualifications or any appointing authority may submit evidence of the qualifications of any person, to the public health council for opinion as to whether or not such person meets the qualifications for milk inspectors in a specified grade. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 33. Authority to waive requirements or to require examinations. The public health council may, under special circumstances specified by the local appointing authority or by the proposed milk inspector, waive the requirements in any grade as to any proposed appointment, such waiver to be valid for such period as may be specified by the public health council but not for a period longer than the term of the proposed appointment. The public health council may require any person whose qualifications it is called upon to consider, to take such written, oral, or practical examination as it may direct. (Enacted September 24, 1937, effective October 1, 1937.)

SECTION E - OPERATORS OF PUBLIC AND INSTITUTIONAL WATER TREATMENT PLANTS

(Previous Section E, Chapter XI entitled "Operators of Public Water Treatment and Purification Plants" repealed March 22, 1957, effective March 31, 1957.)

Regulation 35. Definitions. As used in this Chapter, the following words and terms shall have the indicated meanings:

(a) "Operator" shall mean an individual who is employed or appointed by any county, city, village, town, district, or by any State department, agency or authority, or by any water company, corporation, person or group of persons, and who is designated by the appointing officials as the person in responsible charge of the complete and actual operation of any water treatment plant treating a public or institutional water supply.

(b) "Assistant or shift operator" shall mean an individual who is employed or appointed by any county, city, village, town, district, or by any State department, agency or authority, or by any water company, corporation, person or group of persons and who is responsible, under the direction of the operator, for the actual operation of a water treatment plant during any period.

(c) "Water treatment plant treating a public or institutional water supply" shall mean any plant or equipment, which through the addition of chemicals or through aeration, ionic exchange, sedimentation, or filtration or through any combinations of treatment, shall change the physical, chemical or bacteriological quality of the water.

(d) "Filtration" shall mean a treatment process whereby water is passed through sand, anthrafil, micro-screen, diatomaceous earth or other media for the purpose of removing color, suspended or dissolved solids, and bacteria from the water so treated, and shall apply to treatment which includes slow sand filtration, gravity rapid sand or anthrafil filtration, pressure filtration, diatomaceous earth filtration or other treatment considered by the Commissioner of Health to be equivalent to these processes. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 36. Qualifications required. No person shall be employed or appointed hereafter as operator or an assistant or shift operator unless he shall possess at the time of employment or appointment the qualifications herein prescribed for such position. This regulation shall not apply to appointments made from civil service lists established prior to October 1, 1937, nor to an individual actually employed on September 30, 1937, as such an operator, nor to an individual actually employed on December 31, 1946, as an operator of a water treatment plant serving the general public and owned or operated by a water company, corporation, person or group of persons. (Enacted March 22, 1957, effective April 1, 1957.)

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Regulation 37. Grades established. There are hereby established qualifications for operators in six grades to be known as Grade I-A, Grade I-B, Grade II-A, Grade II-B, Grade III-A, and Grade III-B. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 38. Approval of qualifications in the B Grades.

(a) Whenever a water treatment plant is required to have an operator in an A grade and a qualified operator in that grade is not available, the Public Health Council may approve an operator in a B grade as indicated below:

<u>Operator Required</u>	<u>Alternate Operator</u>	<u>Assistant or, Shift Operator</u>
Grade I-A	I-B	II-B
Grade II-A	II-B	III-B
Grade III-A	III-B	III-B

(b) Approval of qualifications in Grades I-B or II-B or III-B shall be for appointment to a position at a specifically designated plant with the water treatment as it existed on the date of the application, and shall not be considered an approval of qualifications to operate any other water treatment plant or the same plant if major changes are made in the treatment. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 39. Preliminary qualifications. An operator and an assistant or shift operator shall be physically capable of performing his duties; shall be able to read and write English, make simple arithmetical computations; and shall produce evidence acceptable to the appointing authority as to his character and his ability to maintain and operate properly all equipment entrusted to his care. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 40. Qualifications Grade I-A. The qualifications for operators in Grade I-A shall be education and practical experience consisting of:

(1) Graduation from a university or school of recognized standing with a bachelor degree in public health, sanitary, chemical, or in any other appropriate engineering curriculum, or in chemistry, and not less than one year of satisfactory experience in the actual operation of a water treatment plant which includes facilities for coagulation, filtration and chlorination. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 40-a. Qualifications Grade I-B. The qualifications for operators in Grade I-B shall be education and practical experience consisting of:

(1) Graduation from high school or its equivalent and not less than

four years of satisfactory experience in the actual operation of a specific water treatment plant or of a plant essentially similar thereto and satisfactory completion of an appropriate approved course of instruction for Grade II operator. If the treatment plant does not include facilities for coagulation and filtration of the water, the qualifications for operators in Grade I-B shall consist of:

(2) Graduation from high school or its equivalent and not less than one year of satisfactory experience in the actual operation of a specific water treatment plant or a plant essentially similar thereto and satisfactory completion of an appropriate approved course of instruction for Grade II operator.

(3) Any combination of education, training and experience which may be considered by the Public Health Council to be equivalent to the above shall qualify an operator in Grade I-B for work in a specifically designated plant. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 41. Qualifications Grade II-A. The qualifications for operators and assistant or shift operators in Grade II-A shall be education and practical experience consisting of:

(1) Graduation from high school or its equivalent, satisfactory completion of courses of instruction in water treatment approved by the Public Health Council as qualifying for this grade, and not less than one year of satisfactory experience in the actual operation of a water treatment plant which includes facilities for coagulation, filtration and chlorination. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 41-a. Qualifications Grade II-B. The qualifications for operators and assistant or shift operators in Grade II-B shall be education and practical experience consisting of:

(1) Graduation from grade school and not less than two years of satisfactory experience in the actual operation of a specific water treatment plant or of a plant essentially similar thereto and satisfactory completion of an appropriate approved course of instruction for Grade III operator.

If the treatment plant does not include facilities for coagulation and filtration of the water, the qualifications for operators and assistant or shift operators in Grade II-B shall consist of:

(2) Graduation from grade school and not less than six months of satisfactory experience in the actual operation of a specific water treatment plant or of a plant essentially similar thereto and satisfactory completion of an appropriate approved course of instruction for Grade III operator.

(3) Any combination of education, training and experience which may be considered by the Public Health Council to be equivalent to the above shall qualify an operator in Grade II-B for work in a specifically designated plant. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 42. Qualifications Grade III-A. The qualifications for operators and assistant or shift operators in Grade III-A shall be education and practical experience consisting of:

(1) Graduation from grade school and satisfactory completion of an appropriate approved course of instruction for Grade III operator and not less than one year of satisfactory experience in the actual operation of a water treatment plant which includes facilities for coagulation, filtration and chlorination. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 42-a. Qualifications Grade III-B. The qualifications for operators and assistant or shift operators in Grade III-B shall be practical experience consisting of:

(1) Not less than three years of satisfactory experience in the actual operation of a specific water treatment plant or of a plant essentially similar thereto. The satisfactory completion of specific approved courses of instruction for Grade III water treatment plant operators will be considered the equivalent of one year of the operating experience herein required.

If the treatment plant does not include facilities for coagulation and filtration of the water, the qualifications for operators and assistant or shift operators in Grade III-B shall consist of:

(2) Not less than one year of satisfactory experience in the actual operation of a specific water treatment plant or of a plant essentially similar thereto. The satisfactory completion of specific approved courses of instruction for Grade III water treatment plant operators will be considered the equivalent of six months of the operating experience herein required.

(3) Any combination of education, training and experience which may be considered by the Public Health Council to be equivalent to the above shall qualify an operator in Grade III-B for work in a specifically designated plant. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 43. Grades required for employment or appointment.

(A) An operator or assistant or shift operator shall have the qualifications prescribed for Grade I-A or Grade I-B if such operator is or is to be any of the following:

(1) Responsible for the actual operation of any water treatment plant serving water to more than 40,000 persons, or the equivalent population, in which plant use is made of treatment which includes slow sand filtration or other treatment considered equivalent to this process, or

(2) Responsible for the actual operation of any water treatment plant serving water to more than 25,000 persons, or the equivalent population, in which plant use is made of treatment which includes

gravity rapid sand or anthrafiltration, pressure filtration, diatomaceous earth filtration, lime-soda softening or other treatment considered equivalent to any of these processes, or

(3) Responsible for the actual operation of any water treatment plant, not using the filtration process, and serving more than 75,000 persons, or the equivalent population, in which plant use is made of treatment which includes zeolite softening, or iron and manganese removal or other treatment considered equivalent to either of these processes, or

(4) Responsible for the actual operation of any water treatment plant, not using filtration process, and serving more than 40,000 persons, or the equivalent population, in which plant use is made of treatment which includes the application of chlorine, chlorine compounds, chlorine dioxide, chlorine ammonia, or fluorine compounds or other treatment considered equivalent to any of these processes.

(B) An operator or assistant or shift operator shall have the qualifications prescribed for Grade II-A or Grade II-B if such operator is or is to be any of the following:

(1) Responsible for the actual operation of any water treatment plant serving water to from 1,000 to 40,000 persons, or the equivalent population, in which plant use is made of treatment which includes slow sand filtration, or other treatment considered equivalent to this process, or

(2) Responsible for the actual operation of any water treatment plant serving water to from 1,000 to 25,000 persons, or the equivalent population, in which plant use is made of treatment which includes gravity rapid sand or anthrafiltration, pressure filtration, diatomaceous earth filtration, lime-soda softening or other treatment considered equivalent to any of these processes, or

(3) Responsible for the actual operation of any water treatment plant, not using the filtration process, and serving to from 20,000 to 75,000 persons, or the equivalent population, in which plant use is made of treatment which includes zeolite softening, or iron and manganese removal, or other treatment considered equivalent to either of these processes, or

(4) Responsible for the actual operation of any water treatment plant, not using the filtration process, serving water to from 10,000 to 40,000 persons, or the equivalent population, and in which plant use is made of treatment which includes the application of chlorine, chlorine compounds, chlorine dioxide, chlorine ammonia, or fluorine compounds or other treatment considered equivalent to any of these processes, or

(5) In charge of operation, but acting under general supervision in plants required to be under the charge of Grade I-A or Grade I-B operators.

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(C) An operator or assistant or shift operator shall have the qualifications prescribed for Grade III-A or Grade III-B if such operator is or is to be any of the following:

(1) Responsible for the actual operation of any water treatment plant serving less than 1,000 persons or the equivalent population, in which plant use is made of the filtration process, or other treatment considered equivalent to this process, or

(2) Responsible for the actual operation of any water treatment plant serving a population of less than 20,000 persons, or the equivalent population, which plant does not use the filtration process but has treatment by zeolite softening, or for iron and manganese removal, or other treatment considered equivalent to either of these processes, or

(3) Responsible for the actual operation of any water treatment plant serving water to less than 10,000 persons, or the equivalent population, which plant does not use the filtration process, but in which plant use is made of treatment which includes the application of chlorine, chlorine compounds, chlorine dioxide, chlorine ammonia, or fluorine compounds or other treatment considered equivalent to any of these processes, or

(4) Responsible for the actual operation of any water treatment plant not using the filtration process, but including treatment by plain sedimentation, aeration, the application of activated carbon or the application of chemicals for algae control or corrosion control, or other treatment considered equivalent to any of these processes, or

(5) In charge of operation, but acting under general supervision in plants required to be under the charge of Grade II-A or Grade II-B operators. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 43-a. Submission of evidence of qualifications. Any person may submit his qualifications to the Public Health Council for consideration and may have them approved in a specific grade, if such qualifications meet the requirements for that grade as herein stated. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 43-b. Authority to waive or alter requirements or to require examinations. The Public Health Council, under special circumstances specified in a written request by the local appointing authority, which shall include facts relating to provisions made for supervision of operation and for training in water treatment operation, may waive the requirements in any grade as to any proposed appointment or employment.

The purpose of such a waiver is to afford the applicant, in the event a qualified operator is not available, an opportunity to obtain, within a specified period of time, the education, training and experience qualifications required for the specified grade. Such waiver

shall be valid for a period specified by the Public Health Council but not for a period to exceed one year unless, because of unusual circumstances, the Public Health Council may extend the period of the waiver. Should the applicant terminate his services as operator at any time during the waiver period, the waiver granted to the operator will terminate at that time.

The Public Health Council in the case of a specifically designated water treatment plant may, on the basis of population served and the type of treatment, require the operator and assistant or shift operator, responsible for the actual operation of the treatment plant, to have qualifications in a grade higher or permit such operator to have qualifications in a grade lower than that herein established for the specific plant.

The Public Health Council may require any person whose qualifications it is called upon to consider to take such written, oral or practical examination as it may direct, and may approve the qualifications of such person in an appropriate grade on the basis of the result of such examination. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 43-c. Status of previously approved operators. Any operator whose qualifications have previously been approved under former Grade I, Grade II and Grade III shall be considered as having qualifications equivalent to those required herein for Grade I-A, Grade II-A and Grade III-A, respectively. (Enacted March 22, 1957, effective April 1, 1957.)

SECTION F – OPERATORS OF PUBLIC, INSTITUTIONAL AND INDUSTRIAL SEWAGE TREATMENT PLANTS

(Previous Section F, Chapter XI entitled "Operators of Public Sewage Treatment Plants" repealed March 22, 1957, effective March 31, 1957.)

Regulation 45. Definitions. As used in this chapter, the following words and terms shall have the indicated meanings:

(a) "Operator" shall mean an individual who is employed or appointed by any county, city, village, town, district, or by any state department, agency or authority, or by any sewer company, corporation, person or group of persons, or by any industry, and who is designated by the appointing officials as the person in responsible charge of the complete and actual operation of any public, institutional or industrial sewage treatment plant.

(b) "Assistant or shift operator" shall mean an individual who is employed or appointed by any county, city, village, town, district or by any state department, agency or authority, or by any sewer company, corporation, person or group of persons, or by any industry, and who is responsible, under the direction of the operator, for the actual operation of a public, institutional or industrial sewage treatment plant during any period.

(c) "Public sewage treatment plant" shall mean any plant or facility owned or maintained by any county, city, village, town, district, or by any state department, agency or authority, or by any sewer company, corporation, person or group of persons, or by any industry which subjects sewage to an artificial process for the purpose of removing or altering the objectional constituents of sewage for the purpose of making it less offensive or dangerous.

(d) "Artificial oxidation" shall mean sewage treatment facilities, the specific purpose of which is to stabilize the organic matter contained in the sewage. Such facilities would include aeration tanks, standard and high rate trickling filters, sand filters, and any others which perform a similar function. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 46. Qualifications required. No person shall be employed or appointed hereafter as operator or assistant or shift operator unless he shall possess at the time of employment or appointment the qualifications herein prescribed for such position. This regulation shall not apply to appointments made from civil service lists established prior to October 1, 1937, nor to an individual actually employed on September 30, 1937 as such an operator. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 47. Grades established. There are hereby established qualifications for operators in six grades to be known as Grade I-A, Grade I-B, Grade II-A, Grade II-B, Grade III-A and Grade III-B. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 48. Approval of qualifications in the B grade.

(a) Whenever a sewage treatment plant is required to have an operator in an A grade and a qualified operator in that grade is not available, the Public Health Council may approve an operator in a B grade as indicated below:

<u>Operator Required</u>	<u>Alternate Operator</u>	<u>Assistant or Shift Operator</u>
Grade I-A	I-B	II-B
Grade II-A	II-B	III-B
Grade III-A	III-B	III-B

(b) Approval of qualifications in Grade I-B, or Grade II-B, or Grade III-B shall be for appointment to a position at a specifically designated plant with the sewage treatment as it existed on the date of application, and shall not be considered an approval of qualifications to operate any other sewage treatment plant or the same plant if major changes are made in the treatment. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 49. Preliminary qualifications. An operator and an assistant or shift operator shall be physically capable of performing his duties; shall be able to read and write English, make simple arithmetical computations; and shall produce evidence acceptable to the appointing authority as to his character and his ability to maintain and operate properly all equipment entrusted to his care. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 50. Qualifications Grade I-A. The qualifications for operators in Grade I-A shall be education and practical experience consisting of:

(1) Graduation from a university or school of recognized standing with a bachelor degree in public health, sanitary, chemical, or in any other appropriate engineering curriculum or in chemistry, and not less than one year of satisfactory experience in the actual operation of a sewage treatment plant which includes an artificial oxidation process. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 50-a. Qualifications Grade I-B. The qualifications for operators in Grade I-B shall be education and practical experience consisting of:

(1) Graduation from high school or its equivalent and not less than four years of satisfactory experience in the actual operation of a specific sewage treatment plant or of a plant essentially similar thereto and satisfactory completion of an appropriate approved course of instruction for Grade II operator. If the treatment plant does not in-

clude facilities for artificial oxidation of the sewage, the qualifications for operators in Grade I-B shall consist of:

(2) Graduation from high school or its equivalent and not less than one year of satisfactory experience in the actual operation of a specific sewage treatment plant or of a plant essentially similar thereto and satisfactory completion of an appropriate approved course of instruction for Grade II operator.

(3) Any combination of education, training and experience which may be considered by the Public Health Council to be equivalent to the above shall qualify an operator in Grade I-B for work in a specifically designated plant. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 51. Qualifications Grade II-A. The qualifications for operators and assistant or shift operators in Grade II-A shall be education and practical experience consisting of:

(1) Graduation from high school or its equivalent, satisfactory completion of courses of instruction in sewage treatment approved by the Public Health Council as qualifying for this grade, and not less than one year of satisfactory experience in the actual operation of a sewage treatment plant which includes an artificial oxidation process. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 51-a. Qualifications Grade II-B. The qualifications for operators and assistant or shift operators in Grade II-B shall be education and practical experience consisting of:

(1) Graduation from grade school and not less than two years of satisfactory experience in the actual operation of a specific sewage treatment plant or of a plant essentially similar thereto and satisfactory completion of an appropriate approved course of instruction for Grade III operator.

If the treatment does not include facilities for artificial oxidation of the sewage, the qualifications for operators and assistant or shift operators in Grade II-B shall consist of:

(2) Graduation from grade school and not less than six months of satisfactory experience in the actual operation of a specific sewage treatment plant or of a plant essentially similar thereto and satisfactory completion of an appropriate approved course of instruction for Grade III operator.

(3) Any combination of education, training and experience which may be considered by the Public Health Council to be equivalent to the above shall qualify an operator in Grade II-B for work in a specifically designated plant. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 52. Qualifications Grade III-A. The qualifications for operators and assistant or shift operators in Grade III-A shall be education and practical experience consisting of:

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(1) Graduation from grade school and satisfactory completion of an appropriate approved course of instruction for Grade III operator and not less than one year of satisfactory experience in the actual operation of a sewage treatment plant which includes facilities for artificial oxidation of the sewage. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 52-a. Qualifications Grade III-B. The qualifications for operators and assistant or shift operators in Grade III-B shall be practical experience consisting of:

(1) Not less than three years of satisfactory experience in the actual operation of a specific sewage treatment plant or of a plant essentially similar thereto. The satisfactory completion of specific approved courses of instruction for Grade III sewage treatment plant operators will be considered the equivalent of one year of the operating experience required herein.

If the treatment plant does not include facilities for artificial oxidation of sewage, the qualifications for operators and assistant or shift operators in Grade III-B shall consist of:

(2) Not less than one year of satisfactory experience in the actual operation of a specific sewage treatment plant or of a plant essentially similar thereto. The satisfactory completion of specific approved courses of instruction for Grade III sewage treatment plant operators will be considered the equivalent of six months of the operating experience required herein.

(3) Any combination of education, training and experience which may be considered by the Public Health Council to be equivalent to the above shall qualify an operator in Grade III-B for work in a specifically designated plant. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 53. Grades required for employment or appointment.

(A) An operator or assistant or shift operator shall have the qualifications prescribed for Grade I-A or Grade I-B if such operator is or is to be in responsible charge for the actual operation of any of the following:

<u>Type of Treatment</u>	<u>Population or population equivalent (as determined by biochemical oxygen demand served by sewage treatment plant)</u>	
Activated sludge	Greater than	15,000
Biological oxidation	" "	25,000
Chemical precipitation	" "	25,000
Sludge vacuum filtration	" "	25,000
Sludge incineration	" "	25,000
Separate sludge digestion	" "	25,000
Settling-Imhoff tank	" "	50,000
Settling - Plain	" "	50,000
Gas collection	" "	50,000
Gas utilization	" "	50,000
Any treatment	" "	50,000

(B) An operator or assistant or shift operator shall have the qualifications prescribed for Grade II-A or Grade II-B if such operator is or is to be responsible for the actual operation of any of the following:

(1) <u>Type of Treatment</u>	Population or population equivalent (as determined by biochemical oxygen demand) served by sewage treatment plant
Activated sludge	Less than 15,000
Biological oxidation	10,000 to 25,000
Chemical precipitation	Less than 25,000
Sludge vacuum filtration	10,000 to 25,000
Sludge incineration	10,000 to 25,000
Separate sludge digestion	10,000 to 25,000
Settling - Imhoff tank	20,000 to 50,000
Settling - Plain	20,000 to 50,000
Gas collection	20,000 to 50,000
Gas utilization	Less than 50,000

or,

(2) In charge of operation, but acting under general supervision in plants required to be under the charge of Grade I-A or Grade I-B operators.

(C) An operator or assistant or shift operator shall have the qualifications prescribed for Grade III-A or Grade III-B if such operator is or is to be responsible for the actual operation of any of the following:

(1) <u>Type of Treatment</u>	Population or population equivalent (as determined by biochemical oxygen demand) served by sewage treatment plant
Biological oxidation	Less than 10,000
Sludge vacuum filtration	10,000
Sludge incineration	10,000
Separate sludge digestion	10,000
Settling - Imhoff tank	20,000
Settling - Plain	20,000
Gas collection	20,000

or,

(2) In charge of operation, but acting under general supervision in plants required to be under the charge of Grade II-A or Grade II-B operators. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 53-a. Submission of evidence of qualifications. Any person may submit his qualifications to the Public Health Council for consideration and may have them approved in a specific grade, if such qualifications meet the requirements for that grade as herein stated. (Enacted March 22, 1957, effective April 1, 1957.)

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Regulation 53-b. Authority to waive or alter requirements or to require examinations. The Public Health Council, under special circumstances specified in a written request by the local appointing authority, which shall include facts relating to provisions made for supervision of operation and for training in sewage treatment operation, may waive the requirements in any grade as to any proposed appointment or employment.

The purpose of such a waiver is to afford the applicant, in the event a qualified operator is not available, an opportunity to obtain, within a specified period of time, the education, training and experience qualifications required for the specified grade. Such waiver shall be valid for a period specified by the Public Health Council but not for a period to exceed one year unless, because of unusual circumstances, the Public Health Council may extend the period of the waiver. Should the applicant terminate his services as operator at any time during the waiver period, the waiver granted to the operator will terminate at that time.

The Public Health Council, in the case of a specifically designated sewage treatment plant, may on the basis of population served and the type of treatment, require the operator and assistant or shift operator, responsible for the actual operation of the treatment plant, to have qualifications in a grade higher or permit such operator to have qualifications in a grade lower than that herein established for the specific plant.

The Public Health Council may require any person, whose qualifications it is called upon to consider, to take such written, oral or practical examination as it may direct, and may approve the qualifications of such person in an appropriate grade on the basis of the result of such examination. (Enacted March 22, 1957, effective April 1, 1957.)

Regulation 53-c. Status of previously approved operators. Any operator whose qualifications have previously been approved under Grade I, Grade II and Grade III shall be considered as having qualifications equivalent to those required herein for Grade I-A, II-A and III-A, respectively. (Enacted March 22, 1957, effective April 1, 1957.)

SECTION G—PUBLIC HEALTH ENGINEERS, SANITARIANS,
SANITARY INSPECTORS

Regulation 54. Definitions. When used in this section: (a) The term "municipality" shall mean a county, part-county, city, village, town or consolidated health district, the population of which shall be determined by the last federal census.

(b) The term "public health engineer" shall mean a person who by education, training or experience is qualified for membership in the engineering profession, and holds an engineering degree from a university or school of recognized standing and who has received training in specialized methods and techniques based upon the principles of engineering and the sanitary sciences which are utilized for protection and promotion of the public health through controls exercised over sanitary conditions of the environment, and who is employed by any municipal health agency to assist in the work of such agency through the application of such methods and techniques in the solution of public health problems or promotion, development and execution of public health engineering and environmental sanitation activities.

(c) The term "sanitarian" shall mean a person who by education training or experience in the sanitary sciences including chemistry or physics and bacteriology and biology, is qualified for membership in a scientific profession, who has received training in specialized methods and techniques based upon the principles of the sanitary sciences which are utilized for protection and promotion of the public health through controls exercised over sanitary conditions of the environment, and who is employed by a municipal health agency to assist in the work of such agency through the application of such methods and techniques in the solution of public health problems or promotion, development and execution of environmental sanitation activities related to milk, food or other phases of environmental sanitation not involving public health engineering.

(d) The term "sanitary inspector" shall mean a person who is employed by a municipality to perform environmental sanitation inspections of a subprofessional nature. (Added May 16, 1947; amended July 22, 1948 and January 28, 1955, effective February 1, 1955.)

Regulation 55. Qualifications required. No local appointing authority shall hereafter employ any public health engineer, sanitarian or sanitary inspector unless the proposed appointee shall have presented

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to such authority satisfactory evidence from the state department of health that the applicant possesses the qualifications established by this section for the responsibilities of the position for which such public health engineer, sanitarian or sanitary inspector is to be employed; or, unless the appointing authority has received notification that the public health council has waived the requirement for qualifications as provided for in this section.

This regulation shall not interfere with the continued employment of a public health engineer, sanitarian or sanitary inspector in the same position which he occupied on August 31, 1947, nor with the appointment of such individual from a civil service list established prior to September 1, 1947. In the case of a sanitary inspector in the senior grade, this regulation shall not interfere with the continued employment of such sanitary inspector in the same position he occupied on January 31, 1955, nor with the appointment of such individual from a civil service list established prior to February 1, 1955. (Added May 16, 1947 and amended January 28, 1955, effective February 1, 1955.)

Regulation 56. Grades established. There are hereby established the following grades of public health engineers, sanitarians and sanitary inspectors to know as principal public health engineer, associate public health engineer, senior public health engineer, assistant public health engineer, junior public health engineer, associate sanitarian, senior sanitarian, sanitarian, senior sanitary inspector and sanitary inspector. (Added May 16, 1947, amended January 28, 1955, effective February 1, 1955.)

Regulation 57. Qualifications. Principal Public Health Engineer. A principal public health engineer shall be licensed to practice professional engineering in the State of New York or if eligible for examination for such a license, this requirement may be waived for a period not to exceed one year. In unusual cases an extension of the waiver for one additional year may be granted, within which period such a license shall be secured. In addition, such engineer shall have the following qualifications:

(a) Graduation from a university or school of recognized standing with a master's degree in sanitary or public health engineering and seven years of satisfactory sanitary or public health engineering experience, or a doctor's degree in sanitary or public health engineering and six years of satisfactory sanitary or public health engineering experience; or,

(b) Graduation from a university or school of recognized standing with at least a bachelor degree in sanitary or public health engineering, or equivalent sanitary engineering options, and eight years of satisfactory sanitary or public health engineering experience; or,

(c) Graduation from a university or school of recognized standing with at least a bachelor degree in civil or chemical engineering and nine years of satisfactory sanitary or public health engineering experience; or,

(d) Any combination of education, experience and training which in the opinion of the public health council is the equivalent of either of the above qualifications. (Added May 16, 1947, amended January 28, 1955, effective February 1, 1955.)

Regulation 58. Qualifications. Associate Public Health Engineer.
An associate public health engineer shall be licensed to practice professional engineering in the state of New York or if eligible for examination for such a license, this requirement may be waived for a period not to exceed one year. In unusual cases an extension of the waiver for one additional year may be granted, within which period such a license shall be secured. In addition such engineer shall have the following qualifications:

(a) Graduation from a university or school of recognized standing with a master's degree in sanitary or public health engineering and five years of satisfactory sanitary or public health engineering experience, or a doctor's degree in sanitary or public health engineering and four years of satisfactory sanitary or public health engineering experience; or,

(b) Graduation from a university or school of recognized standing with at least a bachelor degree in sanitary or public health engineering, or equivalent sanitary engineering options, and six years of satisfactory sanitary or public health engineering experience; or,

(c) Graduation from a university or school of recognized standing with at least a bachelor degree in civil or chemical engineering and seven years of satisfactory sanitary or public health engineering experience; or,

(d) Any combination of education, experience and training which in the opinion of the public health council is the equivalent of either of the above qualifications. (Added May 16, 1947, amended January

28, 1955, effective February 1, 1955.)

Regulation 59. Qualifications. Senior Public Health Engineer.
A senior public health engineer shall be licensed to practice professional engineering in the state of New York or if eligible for examination for such a license, this requirement may be waived for a period not to exceed one year. In unusual cases an extension of the waiver for one additional year may be granted, within which period such a license shall be secured. In addition, such engineer shall have the following qualifications:

(a) Graduation from a university or school of recognized standing with a master's degree in sanitary or public health engineering and three years of satisfactory sanitary or public health engineering experience, or a doctor's degree in sanitary or public health engineering and two years satisfactory sanitary or public health engineering experience; or,

(b) Graduation from a university or school of recognized standing with at least a bachelor degree in sanitary or public health engineering, or equivalent sanitary engineering options, and four years of satisfactory sanitary or public health engineering experience; or,

(c) Graduation from a university or school of recognized standing with at least a bachelor degree in civil or chemical engineering and five years of satisfactory sanitary or public health engineering experience; or,

(d) Any combination of education, experience and training which in the opinion of the public health council is the equivalent of either of the above qualifications. (Added May 16, 1947, amended January 28, 1955, effective February 1, 1955.)

Regulation 60. Qualifications. Assistant Public Health Engineer.
The qualifications of assistant public health engineer shall be:

(a) Graduation from a university or school of recognized standing with a master's degree in sanitary or public health engineering and one year of satisfactory sanitary or public health engineering experience; or,

(b) Graduation from a university or school of recognized standing

with at least a bachelor degree in sanitary or public health engineering, or equivalent sanitary engineering options, and two years of satisfactory sanitary or public health engineering experience; or,

(c) Graduation from a university or school of recognized standing with at least a bachelor degree in civil or chemical engineering and three years of satisfactory sanitary or public health engineering experience; or,

(d) Any combination of education, experience and training which in the opinion of the public health council is the equivalent of either of the above qualifications. (Added May 16, 1947, amended January 28, 1955, effective February 1, 1955.)

Regulation 61. Qualifications. Junior Public Health Engineer. The qualifications of junior public health engineer shall be:

(a) Graduation from a university or school of recognized standing with at least a bachelor degree in sanitary or public health engineering, or equivalent sanitary engineering options; or,

(b) Graduation from a university or school of recognized standing with at least a bachelor degree in civil or chemical engineering and one year of satisfactory public health engineering experience; or,

(c) Any combination of education, experience and training which in the opinion of the public health council is the equivalent of either of the above qualifications. (Added May 16, 1947, amended January 28, 1955, effective February 1, 1955.)

Regulation 62. Qualifications. Associate Sanitarian. The qualifications of associate sanitarian, in addition to those prescribed for Grade I dairy and milk inspector in section D of this chapter if such sanitarian performs the duties of a Grade I dairy and milk inspector, shall be:

(a) Graduation from a university or school of recognized standing with at least a bachelor degree in sanitary science, veterinary medicine, agriculture, or other branch of science, including successful completion of courses in chemistry or physics, bacteriology, and biology, and six years of satisfactory experience in sanitation work related to milk, food or other phases of environmental sanitation; or,

(b) Graduation from a university or school of recognized standing with a bachelor's degree, including successful completion of courses in chemistry or physics and bacteriology and biology, and eight years of satisfactory experience in sanitation work related to milk, food or other phases of environmental sanitation; or,

(c) Any combination of education, experience and training which in the opinion of the public health council is the equivalent of either of the above qualifications. (Added May 16, 1947, amended January 28, 1955, effective February 1, 1955.)

Regulation 63. Qualifications. Senior Sanitarian. The qualifications of senior sanitarian, in addition to those prescribed for Grade I or Grade II dairy and milk inspector in section D of this chapter if such sanitarian performs the duties, respectively, of a Grade I or Grade II dairy and milk inspector, shall be:

(a) Graduation from a university or school of recognized standing with at least a bachelor degree in sanitary science, veterinary medicine, agriculture, or other branch of science, including successful completion of courses in chemistry or physics and bacteriology and biology, and four years of satisfactory experience in sanitation work related to milk, food or other phases of environmental sanitation; or,

(b) Graduation from a university or school of recognized standing with a bachelor's degree, including successful completion of courses in chemistry or physics and bacteriology and biology, and six years of satisfactory experience in sanitation work related to milk, food or other phases of environmental sanitation; or,

(c) Any combination of education, experience and training which in the opinion of the public health council is the equivalent of either of the above qualifications. (Added May 16, 1947, amended January 28, 1955, effective February 1, 1955.)

Regulation 64. Qualifications. Sanitarian. The qualifications of sanitarian, in addition to those prescribed for Grade I or Grade II dairy and milk inspector in section D of this chapter if such sanitarian performs the duties, respectively of a Grade I or Grade II dairy and milk inspector, shall be:

(a) Graduation from a university or school of recognized standing with at least a bachelor degree in sanitary science, veterinary medi-

cine, agriculture, or other branch of science, including successful completion of courses in chemistry or physics, bacteriology, and biology, and two years of satisfactory experience in sanitation work related to milk, food or other phases of environmental sanitation; or,

(b) Graduation from a university or school of recognized standing with a bachelor's degree, including successful completion of courses in chemistry or physics and bacteriology and biology, and four years of satisfactory experience in sanitation work related to milk, food or other phases of environmental sanitation; or,

(c) Any combination of education, experience and training which in the opinion of the public health council is the equivalent of either of the above qualifications.

Any person whose qualifications have previously been approved by the public health council in the "Assistant Sanitarian" grade shall be considered to have qualifications equivalent to those required for the "Sanitarian" grade. (Added May 16, 1947, amended January 28, 1955, effective February 1, 1955.)

Regulation 65. Qualifications. Senior Sanitary Inspector. The qualifications of senior sanitary inspector, in addition to those prescribed for Grade III dairy and milk inspector in section D of this chapter if such senior sanitary inspector performs the duties of a Grade III dairy and milk inspector or supervises the work of one or more sanitary inspectors performing such duties, shall be:

(a) Graduation from high school and completion of at least two years of study towards a bachelor degree at a university or school of recognized standing, including courses in mathematics, chemistry, bacteriology, engineering or other branches of science, and three years of satisfactory sanitary inspection experience. The satisfactory completion of a course of instruction approved by the public health council shall be accepted in lieu of one year of experience; or,

(b) The satisfactory completion of a course of instruction approved by the public health council and eight years of satisfactory sanitary inspection experience. Each year of a successfully completed high school course or a college course including courses in mathematics, chemistry, bacteriology, engineering or other branches of science, shall be accepted in lieu of one year of satisfactory experience: provided, however, that in any case at least two years of satisfactory sanitary inspection experience is required; or,

(c) Any combination of education, experience and training which in the opinion of the public health council is the equivalent of either of the above qualifications. (Added May 16, 1947, amended May 18, 1951, and January 28, 1955, effective February 1, 1955.)

Regulation 66. Qualifications. Sanitary Inspector. The qualifications of sanitary inspector, in addition to those prescribed for Grade III dairy and milk inspector in section D of this chapter, if such sanitary inspector performs the duties of a Grade III dairy and milk inspector, shall be:

(a) Graduation from high school, including successful completion of courses in general science, mathematics and chemistry, and two years of satisfactory sanitary inspection experience. The satisfactory completion of a course of instruction approved by the public health council shall be accepted in lieu of one year of experience; or,

(b) Six years of satisfactory sanitary inspection experience. Each year of a successfully completed high school or general college course shall be accepted in lieu of one year of satisfactory experience; provided, however, that in any case at least one year of satisfactory sanitary inspection experience is required. The satisfactory completion of a course of instruction approved by the public health council shall be accepted in lieu of the required one year experience wherever technical supervision on the job is provided which is satisfactory to the state commissioner of health; or,

(c) Any combination of education, experience and training which in the opinion of the public health council is the equivalent of either of the above qualifications. (Added May 16, 1947, amended January 28, 1955, and effective February 1, 1955.)

Regulation 67. Grade of personnel required for Employment or Appointment. A public health engineer employed or appointed by a municipality:

(a) to have responsible charge of planning, directing and administering the public health engineering and environmental sanitation activities in a municipality having more than 350,000 population, shall have at least the qualifications prescribed for principal public health engineer.

(b) to have responsible charge of planning, directing and administering the public health engineering and environmental sanitation activ-

ities in a municipality having 150,000 to 350,000 population or to have immediate charge of one or more of the specialized public health engineering or environmental sanitation activities in a municipality having more than 350,000 population, shall have at least the qualifications prescribed for associate public health engineer.

(c) to have responsible charge of planning, directing and administering the public health engineering and environmental sanitation activities in a municipality having less than 150,000 population or to be in immediate charge of one or more of the specialized public health engineering or environmental sanitation activities in a municipality having 150,000 to 350,000 population or to perform public health engineering or environmental sanitation activities of more than ordinary difficulty and responsibility in a municipality having more than 350,000 population, shall have at least the qualifications prescribed for senior public health engineer.

(d) to perform public health engineering or environmental sanitation activities of ordinary difficulty and responsibility, shall have at least the qualifications prescribed for assistant public health engineer.

(e) to perform public health engineering or environmental sanitation activities of minor difficulty and responsibility, shall have at least the qualifications prescribed for junior public health engineer.

A sanitarian employed or appointed by a municipality:

(f) to have immediate charge of activities related to milk, food or other phases of environmental sanitation not involving public health engineering in a municipality having more than 350,000 population, shall have at least the qualifications prescribed for associate sanitarian.

(g) to have immediate charge of activities related to milk, food or other phases of environmental sanitation not involving public health engineering in a municipality having 150,000 to 350,000 population or to have immediate charge of one or more specialized activities related to milk, food or other phases of environmental sanitation not involving public health engineering in a municipality having more than 350,000 population, shall have at least the qualifications prescribed for senior sanitarian.

(h) to have immediate charge of activities related to milk, food or other phases of environmental sanitation not involving public health engineering in a municipality having less than 150,000 population or to have immediate charge of one or more specialized activities related to milk, food or other phases of environmental sanitation not involving public health engineering in a municipality having 150,000 to 350,000

population or to perform activities of more than ordinary difficulty and responsibility related to milk, food or other phases of environmental sanitation not involving public health engineering in a municipality of more than 350,000 population, shall have at least the qualifications prescribed for sanitarian.

A sanitary inspector employed or appointed by a municipality:

(i) to perform environmental sanitation inspections of a subprofessional nature and to supervise the work of one or more sanitary inspectors, shall have at least the qualifications prescribed for senior sanitary inspector.

(j) to perform environmental sanitation inspections of a subprofessional nature, shall have at least the qualifications prescribed for sanitary inspector. (Enacted January 28, 1955, effective February 1, 1955.)

Regulation 68. Submission of evidence of qualifications. Any person may apply to the public health council for the approval of his qualifications in a specific grade as herein provided. (Enacted January 28, 1955, to be effective February 1, 1955.)

Regulation 69. Authority to waive or alter requirements or to require examinations. The public health council under special circumstances specified in a written request by the local appointing authority, which shall include the facts relating to provisions for training in public health engineering or environmental sanitation, may waive the requirements as to any proposed appointment or employment.

The purpose of such a waiver is to afford the applicant, in the event a qualified person is not available, an opportunity to secure within a specified period of time, the education, training, and experience qualifications required for the specific grade. Such waiver shall be valid for a period specified by the public health council but not for a period longer than the term of the proposed appointment nor for a period to exceed one year unless because of unusual circumstances the public health council may extend the period of the waiver.

The public health council may require any person whose qualifications it is called upon to consider to take such written, oral or practical examination as it may direct. This Chapter is effective February 1, 1955.

SECTION H - PHYSICAL THERAPISTS (PUBLIC HEALTH)

(Added February 25, 1955, effective April 1, 1955.)

Regulation 70. Definitions. Physical therapy deals with the management of disease or injury and the prevention of deformities by applied physiology and by means of physical agents such as light, heat, cold, water, electricity and mechanical agents in an attempt to assist the patient to attain maximum function.

The term "appointing authority" shall mean the State Department of Health, a city or county department of health, or a county board of supervisors.

The term "physical therapist" as used in this chapter shall mean an individual employed or qualified for employment by an appointing authority and qualified, as hereinafter specified, to provide, under medical direction, wholly or in part through domiciliary visits: (1) direct physical therapy service to patients, (2) instruction in physical therapy procedures for the prevention of deformity, correction of defects and the promotion of health. Nothing herein applies to physical therapists employed by such agencies solely for service in hospitals.

The term "physical therapy experience" shall mean experience acquired through giving physical therapy treatments to patients. Physical therapy experience in public health shall mean giving physical therapy treatments to patients, wholly or in part through domiciliary visits, while in the employ of a public or private agency authorized to provide public health services.

The term "physical therapy supervision" shall mean direct supervision by a physical therapist qualified as hereinafter provided. Such supervision includes: (1) the giving of instruction in the techniques and procedures of physical therapy, (2) guidance in the techniques of teaching physical therapy, and, (3) the giving of continuous guidance by means of office and field conferences.

An "approved program of instruction" in physical therapy shall mean a program of instruction approved by the Public Health Council as satisfactory to prepare a person to assume the duties of a physical therapist. (Added February 25, 1955, effective April 1, 1955.)

Regulation 71. Grades established. There are hereby established qualifications for physical therapists in two grades to be known as physical therapist for field service (public health) and physical thera-

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pist for supervision (public health). (Added February 25, 1955, effective April 1, 1955.)

Regulation 72. Qualifications. Physical Therapist for Field Service (Public Health). A physical therapist for field service in a public health program shall possess the following qualifications:

- (a) Completion of an approved program of instruction in physical therapy; and,
- (b) Licensed or eligible to take examination for license to practice as a registered physical therapist in New York State. (Added February 25, 1955, effective April 1, 1955.)

Regulation 73. Qualifications. Physical Therapist for Supervision (Public Health). A physical therapist responsible for supervision shall possess the following qualifications:

- (a) Graduation from a university or college with a baccalaureate degree and, or including, completion of an approved program of instruction in physical therapy; and,
- (b) Licensed or eligible for examination for license to practice as a registered physical therapist in New York State; and,
- (c) A minimum of two years' full-time paid satisfactory physical therapy experience under supervision, one year of which must be with a public health agency. (Added February 25, 1955, effective April 1, 1955.)

Regulation 74. Employment of physical therapists. No appointing authority, as defined in this section, shall hereafter employ any "physical therapist," or any person to perform physical therapy services under any other title, unless satisfactory evidence is presented to the State Department of Health that the proposed appointee possesses the qualifications established by this section for the responsibilities of the position. (Enacted February 25, 1955, effective April 1, 1955.)

SECTION I - PUBLIC HEALTH VETERINARIANS

Regulation 75. Definitions. When used in this section the term "public health veterinarian" shall mean a person who meets the qualifications prescribed by this section and who is employed by any municipal health agency to assist in the work of such agency in the solution of veterinary public health problems, particularly the protection of the public from diseases communicable from animals to man. When used in this section the term "satisfactory" shall mean satisfactory as determined by the Public Health Council. (Enacted April 26, 1957, effective July 1, 1957.)

Regulation 76. Qualifications Required. No local appointing authority shall hereafter employ any veterinarian in public health unless the proposed appointee shall have presented to such authority satisfactory evidence from the state department of health that the applicant possesses the qualifications established by this section for the responsibilities of the position for which such veterinarian is to be employed.

This regulation shall not interfere with the continued employment by a municipal health agency of a veterinarian in public health in the same position that he occupied on June 30, 1957, nor with the appointment of an individual from a civil service list established prior to the above date. (Enacted April 26, 1957, effective July 1, 1957.)

Regulation 77. Preliminary Qualifications Required. No person shall hereafter be appointed as a public health veterinarian unless he shall possess, at the time of appointment, the following preliminary qualifications in addition to those hereinafter specified for the several grades of positions:

(a) Shall be a graduate of a school of veterinary medicine recognized by the New York State Board of Veterinary Examiners.

(b) Shall be licensed or eligible for examination to become licensed as a registered veterinarian in New York State. (Enacted April 26, 1957, effective July 1, 1957.)

Regulation 78. Grades Established. There are hereby established qualifications for public health veterinarians in three grades to be known as public health veterinarian, Grade I, public health veterinarian, Grade II, and public health veterinarian, Grade III.

1. Public Health Veterinarian, Grade I. A public health veterinarian of this grade shall be responsible for assisting the health officer in planning, directing, developing and evaluating the veterinary services in relation to the total health program, assisting in the correlation of veterinary services with the programs of related agencies and providing supervision of all veterinary activities within a county, part county or city health department serving a population of 350,000 or more.

2. Public Health Veterinarian, Grade II. A public health veterinarian of this grade:

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(a) Shall be responsible for assisting the health officer in planning, directing, developing and evaluating the veterinary services in relation to the total health program, assisting in the correlation of the services with the programs of related agencies and providing supervision of all veterinary activities within a county, part county or city health department serving a population of less than 350,000; or

(b) Shall be responsible for supervision and guidance of public health veterinarians or other personnel engaged in veterinary public health activities and overseeing a particular veterinary public health activity under the direction of a grade I veterinarian within a county, part county or city health department serving a population of 350,000 or more.

3. Public Health Veterinarian, Grade III. A public health veterinarian of this grade shall be responsible for carrying out an assigned field service in connection with veterinary activities, with no responsibility for supervision of other public health veterinarians. (Enacted April 26, 1957, effective July 1, 1957.)

Regulation 79. Qualifications, Public Health Veterinarian, Grade I. A public health veterinarian, Grade I, shall possess the following qualifications in addition to the preliminary qualifications herein indicated:

(a) Either graduation from a university or college of recognized standing with a master's degree in public health or one year of satisfactory postgraduate study in public health, and four years of satisfactory experience in veterinary public health in the employ of a health agency with at least two of those years in charge of a veterinary public health program; or

(b) Any combination of education and veterinary public health experience which in the opinion of the public health council is the equivalent of the above qualifications. (Enacted April 26, 1957, effective July 1, 1957.)

Regulation 80. Qualifications, Public Health Veterinarian, Grade II. A public health veterinarian, Grade II, shall possess the following qualifications in addition to the preliminary qualifications herein indicated:

(a) Either graduation from a university or college of recognized standing with a master's degree in public health or one year of satisfactory postgraduate study in public health, and one year of satisfactory experience in veterinary public health in the employ of a health agency; or

(b) Three years of satisfactory experience in veterinary public health in the employ of a health agency; or

(c) Any combination of education and veterinary public health experience which in the opinion of the public health council is the equivalent of the above qualifications. (Enacted April 26, 1957, effective July 1, 1957.)

Regulation 81. Qualifications, Public Health Veterinarian, Grade III. A public health veterinarian, Grade III shall possess the following

qualifications in addition to the preliminary qualifications herein indicated:

(a) One year of satisfactory experience in veterinary activities in the employ of a health agency; or

(b) Satisfactory completion of an approved program of instruction which meets the criteria adopted by the public health council. (Enacted April 26, 1957, effective July 1, 1957.)

Regulation 82. Submission of Evidence of Qualifications. Any appointing authority may submit evidence of the qualifications of any veterinarian to the public health council for opinion as to whether or not such a veterinarian meets the qualifications for the required grade of public health veterinarian. The public health council may require any veterinarian whose qualifications it is called upon to consider to take such written, oral or practical examination as it may direct. (Enacted April 26, 1957, effective July 1, 1957.)

SECTION J - MEAT INSPECTORS

Regulation 83. Definition. The term "meat inspector" as used in this section shall mean any individual who is paid from public funds, other than a local health officer, and who is employed or appointed by any municipality to conduct ante mortem and post mortem inspections of animals and sanitary inspections of slaughterhouses, meat processing establishments, and meat processing plant operations. (Enacted April 26, 1957, effective July 1, 1957.)

Regulation 84. Qualifications Required. No person shall be appointed hereafter as a meat inspector unless he shall possess at the time of appointment the qualifications hereinafter prescribed for such position. This regulation shall not apply to appointments made from civil service lists established prior to June 30, 1957, nor shall it interfere with the continuance in the same position of an individual employed as such an inspector on that date. (Enacted April 26, 1957, effective July 1, 1957.)

Regulation 85. Qualifications. The qualifications for meat inspectors shall be:

(a) Graduation from high school and one year of satisfactory experience in the federal meat inspection service; or

(b) Graduation from high school and satisfactory completion of an approved program of instruction in meat inspection and sanitation which meets the criteria adopted by the public health council, provided that such persons shall have had two years of satisfactory experience in abattoir operations, meat processing or meat inspection; or

(c) Graduation from high school and any combination of education, training, and experience which in the opinion of the public health council is the equivalent of the above qualifications. (Enacted April 26, 1957, effective July 1, 1957.)

Regulation 86. Submission of Evidence of Qualifications. Any appointing authority may submit evidence of the qualifications of any person to the public health council for opinion as to whether or not such person meets the qualifications for meat inspectors. The public health council may require any person whose qualifications it is called upon to consider to take such written, oral or practical examination as it may direct. (Enacted April 26, 1957, effective July 1, 1957.)

CHAPTER XII

MATERNAL AND CHILD HEALTH

Regulation 1. Precautions to be observed for control of infection. This regulation shall apply to all hospitals having maternity and newborn services, pediatric services, or premature infant services and to all institutions caring for infants 28 days of age or less or weighing less than 2500 grams (5½ lbs.) and to the persons responsible for and rendering this care in such hospitals and institutions.

A. Definition of terms as they are used in this regulation.

1. The term "maternity and newborn service" shall mean only that part of a hospital in which, as a regular practice, pregnant women are delivered of babies, pregnant or puerperal women receive obstetric care, and in which newborn infants receive care.

2. The term "infant" shall mean all infants 28 days of age or less or weighing less than 2500 grams (5½ lbs.).

3. The term "well infant nursery" shall mean a room for housing infants who have not been exposed to potential sources of infection and who are not suspected of nor diagnosed as having diarrhea or some communicable condition.

4. The term "observation nursery" shall mean a room, physically separate from the well infant nursery, where infants exposed to potential sources of infection and infants suspected of but not diagnosed as having diarrhea or some communicable condition may be observed pending diagnosis.

5. The term "isolation room" shall mean a room, not located within the maternity and newborn service, for the isolation of infants diagnosed as having diarrhea or some communicable condition.

6. The term "nursery accessory room" shall mean a room communicating with one or more well infant nurseries or a room communicating with one or more observation nurseries. In the case of well infant nurseries, the nursery accessory room shall mean a room which provides space for work, examination and treatment of infants, charting and gowning. In the case of observation nurseries, the nursery accessory room shall mean a room which provides space for work and gowning.

7. The term "bassinet" shall mean any bassinet, incubator, or crib used for an infant.

8. The term "feeding unit" shall mean a feeding bottle containing formula or other liquid to which a nipple has been attached in position for feeding and the nipple covered with a nipple cap.

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9. The term "full-time health officer" shall mean the county, part-county, city health commissioner (in cities of 50,000 population or over) or district health officer having jurisdiction in the geographic area in which the hospital or institution is located.

B. Duties of administrators, proprietors, and governing bodies.

1. Provision of facilities.

a. Well infant nursery or nurseries shall be provided.

b. Observation nursery or nurseries shall be provided.

c. Isolation room or rooms with running hot and cold water dispensed through a mixing outlet, shall be available when necessary for the isolation of infants diagnosed as having diarrhea or some communicable condition. Whenever the location of such isolation facilities outside the maternity and newborn service is physically impossible, plans for the care of infants diagnosed as having diarrhea or some communicable condition shall be approved by the full-time health officer.

d. A room used as a nursery shall house no more than 12 infants nor shall such a room directly communicate with any other room or rooms used as nurseries.

e. Floor space in any room used to house infants shall average not less than 24 square feet per infant (except in the case of nurseries with cubicles constructed prior to September 1, 1955).

f. Cubicles are not permitted in well infant nurseries except in the case of nurseries with cubicles constructed prior to September 1, 1955.

g. A room or rooms shall be provided in which formulas shall be prepared. This room shall be used for no other purpose unless approved by the full-time health officer.

h. A refrigerator shall be provided for storage of infant feedings, and shall be used for no other purpose, unless approved by the full-time health officer.

i. There shall be running hot and cold water dispensed through a mixing outlet for handwashing, with the flow of water controlled by knee or foot valves, in each room used as a nursery, nursery accessory room, or formula preparation room (except that in nurseries constructed prior to September 1, 1955, elbow valve control of water flow is permitted). Wrist or hand valve control of water flow is specifically prohibited.

j. In the nurseries, nursery accessory rooms, and formula preparation rooms, all exterior windows and doors used for ventilation shall be effectively screened.

k. Each room used as a nursery shall be provided with two foot-controlled covered receptacles, one for the disposal of wet or soiled diapers and one for disposal of refuse. A supply of dis-

posable liners shall be furnished for each receptacle. Each room used as a nursery shall be provided with equipment for the sanitary disposal of linen other than wet or soiled diapers.

l. On and after September 1, 1955, the full-time health officer shall be informed of all plans for new construction, remodeling, or extension of the following facilities: obstetric service including nurseries, pediatric service including nurseries, isolation facilities, and formula preparation facilities. Plans for nurseries and nursery facilities, isolation facilities and formula preparation facilities shall be approved by the state commissioner of health, before construction, remodeling or extension of these has begun.

m. The following requirements shall be met in all nurseries constructed, remodeled or extended after September 1, 1955: well infant nurseries shall provide a minimum ratio of one bassinet for each maternity bed, exclusive of provisions made for the housing of premature infants; nursery accessory room or rooms shall be provided to serve the well infant and observation nurseries; pass-through windows between nurseries and nursery accessory rooms are prohibited; a single accessory room shall not serve both well infant and observation nurseries; an observation nursery shall provide a minimum ratio of one bassinet for each 12 well infant nursery bassinets or major fraction thereof; no room used as an observation nursery shall house more than 4 infants.

2. Assignment of Personnel.

a. A member of the medical staff shall be designated to serve as physician-in-charge of the newborn nursery service.

b. A registered professional nurse shall be designated to serve as nurse-in-charge of the newborn nursery service.

c. A registered professional nurse or qualified dietitian shall be designated to supervise the preparation of all formulae.

d. An individual rendering nursing care in the maternity and newborn service of a hospital, while assigned to such service, shall not at the same time be assigned to other services of the hospital. Such an individual may care for noninfected mothers and infants but at no time, day or night, shall such individual render nursing care to more than a total of 12 infants.

e. Individuals rendering nursing care to any infected patient shall not come in contact with infants in the well infant nurseries nor shall they work in the formula room.

f. In hospitals, there shall be at all times, day and night, registered professional nursing supervision of the nursing care of mothers and infants. In institutions caring for well infants where professional nursing supervision of the nursing care of infants is not available at all times, day and night, plans to operate without

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such professional nursing supervision shall require the approval of the full-time health officer.

C. Duties of administrators, physicians and nurses and other individuals rendering nursing care to infants.

1. Medical, Nursing and Hospital Policies.

a. Specific routines of care for infants and their environment shall be prepared in writing and kept in the nursery or its accessory room.

b. Procedures for formula preparation, handling and storage shall be prepared in writing and kept in the formula room.

c. All persons who have a diagnosed or suspected communicable condition including but not limited to the common cold, diarrhea, skin infection, or any febrile condition shall be excluded from work in the nurseries, nursery accessory rooms, and formula room. A medical determination that such persons are fit for work in the nurseries, nursery accessory rooms, and formula room shall be required before their return to such work.

d. Patients in the maternity unit shall be permitted to have no more than two visitors at any one visiting period.

e. Visitors to the maternity and newborn service shall be free of known symptoms of respiratory, gastro-intestinal and skin infections.

f. While an infant is in his mother's room, one person, the father, or a person designated by the mother to visit in lieu of the father, shall be permitted during any one visiting period. Such visitor shall wash his hands with soap or detergent and hot water and don a clean gown upon entering the mother's room.

2. Techniques and Practices of Formula Preparation and Processing.

a. All nipples, caps, and bottles from which formulae or other liquids have been poured, shall be rinsed in clean tepid water immediately after use.

b. All nipples, caps, and bottles in which formulae or other liquids are to be poured, shall be thoroughly washed in hot water using a suitable detergent solution and then thoroughly rinsed in clean, hot water prior to such pouring. No other method of washing shall be used until approved by the state health commissioner.

c. All formulae and other liquids offered to newborn infants shall be poured into individual feeding bottles at the time of preparation. A nipple shall be attached in position for feeding to each bottle and the nipple covered with a cap.

d. Immediately after filling, nippleing, and capping the bottles, the feeding units shall be subjected to terminal heating either by the flowing steam method at a temperature of not less than 100 C.

(212 F.) for not less than 25 minutes, or by the steam pressure method (autoclave) at a pressure of not less than 6 lbs., at 110 C. (230 F.) for not less than 10 minutes, or by some other equally effective method of terminal heating, provided such method has been approved by the full-time health officer.

e. The temperature of the formula or liquid attained during terminal heating shall be determined by the use of a maximum registering thermometer suspended in a bottle of formula or water placed in the center of each load being heated. The temperature attained shall be recorded for each load and such records retained for one year.

f. All formulae shall be refrigerated within two hours after the completion of preparation and shall be so cooled that all particles of milk are 50 F. or lower within one hour of refrigeration and then kept at or below that temperature while refrigerated.

g. The temperature of the formulae or liquid attained during refrigeration shall be determined by the use of a thermometer suspended in the same bottle of formula or water which was used to determine the temperature attained during the heating process. Such bottle shall be placed in the front of the stored formulae or liquids in the refrigerator. The temperature attained during refrigeration shall be determined and recorded at least once daily, one hour after storage of a load, and such records shall be retained for one year.

h. The nipple cap shall be removed only after all preparation has been made for feeding and immediately prior to inserting the nipple in the infant's mouth. No nipple shall be attached in position for feeding to any bottle unless such feeding unit is subjected to terminal heating before use. In the event that a nipple is found to be unsatisfactory, a fresh, terminally heated feeding unit shall be warmed and used.

i. At least once a week, an examination of a representative number of feeding units taken at random after heat treatment shall be made in a laboratory approved by the state commissioner of health for the purpose. A record shall be made of such examination and a copy of such records shall be maintained on file in the hospital or institution for one year. The requirement for acceptable formulae shall be either (1) a standard plate count of less than 25 colonies per milliliter and the absence of members of the coliform group of microorganisms as determined by methods acceptable to the state commissioner of health, or (2) no bacterial growth on culture by a method acceptable to the state commissioner of health.

3. Newborn Nursery Techniques and Practices.

- a. The use of common bathing and dressing tables is prohibited.
- b. The use of racks, carriers or bassinet stands for holding or transporting more than one infant at a time is prohibited.

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c. Extra bassinets and other non-essential equipment shall not be stored in nurseries or nursery accessory rooms.

d. Except where cubicles exist, a minimum space of two feet shall be maintained between bassinets at all times.

e. Bagged soiled linen, and receptacle liners containing soiled or wet diapers shall be removed from the nurseries at least twice daily. Diapers or linens shall not be rinsed by individuals assigned to work in the maternity and newborn service or in the formula room, nor shall diapers or linens be rinsed in the maternity and newborn service.

f. All persons shall wash their hands with soap or detergent and hot water (or don sterile gloves) before and after handling each infant, his diapers, clothing or equipment. If during the course of giving care to an infant, it becomes necessary to handle an item of supply not stored at such infant's bedside, hands shall be washed before and after such handling.

g. Individual equipment, clothing and all supplies routinely used in the care of the infant shall be stored at each infant's bedside and all routine nursing care shall be given to each infant at the bedside.

h. When infants are weighed on a common scale or examined or treated on a common table or shelf, a fresh clean cover of sufficient size to cover the surface of the scale-pan, table, or shelf shall be used for each infant. Such clean covers shall be stored adjacent to the scale or other item of common equipment and not at the infant's unit.

i. Individuals assigned to render nursing care in the nursery or to work in the formula room shall wear either a fresh, clean scrub gown or a fresh, clean surgical gown over their uniform. Such gowns shall be changed promptly if they become soiled in the handling of any infant.

j. Individual gown technique shall be observed in caring for the infants in the observation nurseries and in the isolation rooms. The gown worn shall be discarded after each use.

k. All persons not regularly assigned to the nursery shall wash their hands with soap or detergent and hot water (or don sterile gloves) and don a fresh clean gown upon entering the nursery. Physicians, laboratory technicians or other personnel not regularly assigned to the nursery shall wash their hands (or don sterile gloves) and don a fresh clean gown prior to handling infants in the nursery accessory rooms. Gowns worn shall be changed if they become soiled in the handling of any infant. Gowns worn shall be discarded after each use.

l. The use of masks by individuals assigned to render nursing care in the nursery is prohibited unless such individuals don fresh masks every thirty minutes and wash their hands if masks are touched. Masks once removed from the nose and mouth shall not be reapplied.

m. Infants shall not be kept in the same nursery, room or ward, with older children or any adults, except healthy mothers.

n. Any infant born outside the hospital and any infant born to a mother having a diarrheal illness, shall be promptly placed in an observation nursery. If, after segregation and observation for a period of not less than seven (7) days, such infant is found not to have diarrhea or some communicable condition and has not been exposed to infants having a suspected or diagnosed communicable condition, he may be transferred from the observation nursery to a well infant nursery on the order of a physician.

o. Any infant suspected of but not diagnosed as having diarrhea or some communicable condition shall be placed immediately in an observation nursery. If, after observation by a physician, such infant is found not to have diarrhea or some communicable condition and has not been exposed to infants having a suspected or diagnosed communicable condition, he may be returned to a well infant nursery on the order of the physician.

p. When an infant is diagnosed as having diarrhea or some communicable condition, whether in an observation nursery or a well infant nursery, such infant shall be promptly isolated from those not having the diagnosed condition and shall not be returned to the well infant nursery. The room in which such an infant is isolated shall not be located within the maternity and newborn service. If such isolation of the infant is not possible, he shall be cared for according to a plan which has been approved by the full-time health officer.

q. If an infant in a well infant nursery is removed temporarily from the maternity and newborn service for any reason, such infant may be returned to the well infant nursery only if the following procedures were observed while the infant was removed from the maternity and newborn service: all persons handling the infant washed their hands (or donned sterile gloves), donned a fresh clean gown, and were free from any known communicable condition; all equipment in direct contact with the infant was freshly draped with a fresh clean cover prior to such contact. If these procedures were not followed, such infant shall be placed in an observation nursery and remain there for a minimum period of seven (7) days or until discharged.

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r. No room shall be used as a temporary nursery without the approval of the full-time health officer.

4. Reporting of Certain Conditions.

a. In addition to the reporting required by Regulation 2, Chapter II, Sanitary Code, an immediate telephone report shall be made to the full-time health officer whenever:

(1) An infant has one or more watery or explosive stools (from any cause) on two successive days.

(2) Any patient is admitted to the hospital with diarrhea (from any cause), the onset of which occurred when the patient was 28 days of age, or less.

(3) The existence of diarrhea of the newborn or staphylococcal disease is suspected. (Enacted April 22, 1960, amended December 16, 1960, effective January 1, 1961.)

Regulation 2. Precautions to be observed for the prevention of purulent conjunctivitis of the newborn. It shall be the duty of the attending physician, midwife, nurse or other person in attendance at a delivery to drop into the eyes of the infant immediately on delivery a one per cent solution of nitrate of silver or some other agent equally efficient for preventing purulent conjunctivitis of the newborn. (Enacted April 22, 1960; effective July 1, 1960).

Regulation 3. Identification of the newborn.

A. In accordance with the provisions of this regulation, it shall be the duty of the person in attendance on a delivery in any hospital or institution to insure the proper identification of a newborn infant before it shall leave the room where the delivery has taken place.

1. An effective means of identification, approved by the state commissioner of health, shall be placed on each newborn infant, who shall bear such identification until discharged from the maternity and newborn service.

2. In addition, the footprint of the infant and the fingerprint of the mother shall be taken by a method approved by the state commissioner of health and such prints shall be imprinted on a form approved by him. In case of a multiple birth, a separate form shall be used for each infant, and the form shall indicate the order in which the infants are born.

The form on which the footprint and fingerprint appear shall be kept on file in the hospital or institution for such period as may be determined by the state commissioner of health.

If there are medical contraindications to the taking of the footprint of the infant or of the fingerprint of the mother before either leaves the room where the delivery has taken place, the print of the infant or of the mother shall be taken as soon as possible thereafter, but in any event prior to the discharge of the infant or mother, respectively, from the maternity and newborn service.

B. If an infant is born before the mother is admitted to the hospital, the prints shall be taken upon admission of infant and mother, or either of them.

C. Infants born of different mothers shall not be present at the same time in the room where delivery takes place, unless each has been identified by the methods prescribed in this regulation.

D. Every bassinet, incubator, or heated crib in the nursery shall bear a card identifying the infant to whom it is assigned. (Enacted April 22, 1960; effective July 1, 1960).

Regulation 4. Precautions to be observed in the use of dyes and inks containing aniline or nitrobenzene or other benzene derivatives for marking diapers and hospital linens. No hospital, laundry or diaper service shall use inks or dyes containing aniline oil (aminobenzene) or oil of mirbane (nitrobenzene) or other benzene derivatives to stamp or otherwise mark diapers, sheets, gowns, towels or other clothing or linens unless the articles so marked are boiled by the agency doing the marking before they are delivered, stored or otherwise made available for use.

All containers used for dyes and inks containing aniline oil or oil of mirbane or other benzene derivatives used for marking diapers and hospital linens shall bear a label which conforms with the requirements of Chapter IX-A of this Code, and the label must also contain the statement, "DIAPERS, CLOTHING OR LINEN MARKED BY THIS DYE (OR INK) MUST BE LAUNDERED, INCLUDING BOILING, BEFORE BEING MADE AVAILABLE FOR USE". (Enacted April 22, 1960; effective July 1, 1960).

Regulation 5. Sale or use of lead nipple shields prohibited. The sale or use of metal or foil breast nipple shields made of or containing lead is prohibited.

(Enacted April 22, 1960; effective July 1, 1960).

Regulation 6. Unincorporated maternity hospitals.

A. Definition of terms as they are used in this regulation.

1. The term "unincorporated maternity hospital" shall mean any hospital which is not incorporated and which is not a public institution as provided in Section 482, Subdivision 2, of the Penal Law and Section 2520 of the Public Health Law into which women not related to the proprietor or person in charge by blood or marriage are received and cared for during pregnancy, during parturition, or while recovering from parturition.

2. The term "full-time health officer" shall mean the county, part-county, city health commissioner (in cities of 50,000 population or over) or district health officer having jurisdiction in the geographic area in which the hospital or institution is located.

3. The term "maternity and newborn service" shall mean only that part of a hospital in which, as a regular practice, pregnant women are delivered of babies, pregnant or puerperal women receive obstetric care, and in which newborn infants receive care.

4. The term "infant" shall mean all infants 28 days of age or less or weighing less than 2500 grams (5½ lbs.).

5. The term "maternity patient" shall mean any woman who is pregnant, parturient or recovering from parturition.

B. License and inspection.

1. Each maternity hospital shall have a name, which name shall appear on the license form and on all certificates of births and deaths occurring in the hospital.

2. Each maternity hospital shall, before the admission of any patient, obtain annually from the state commissioner of health a license to conduct and maintain such a hospital. Each license shall be effective from June 1, or such later date in the licensing year when issued, and shall terminate on May 31 of the following year.

3. A license to conduct a maternity hospital shall be issued only to a physician or physicians licensed to practice in the state of New York, except that this shall not apply to registered professional nurses registered in the state of New York to whom a license was issued prior to January 1, 1957.

4. No license shall be issued by the state commissioner of health to any person to maintain a maternity hospital unless the full-time health officer who has jurisdiction shall have made an inspection of the premises. A record of each such inspection shall be made on a form prescribed by the state commissioner of health and such record shall be filed in his office.*

5. In each maternity hospital the license shall be kept posted by the licensee in a conspicuous place.

6. Each license for a maternity hospital shall state the maximum number of beds which are provided and reserved for maternity patients only. The capacity as stated in the license shall not exceed the number of beds so reserved, and no more maternity patients than that number shall be cared for at any one time.

7. Every proprietor of a maternity hospital shall maintain a register containing the names and addresses of all maternity patients cared for and such other information as may be required by the state commissioner of health or by Section 2520, Subdivision 5, of the Public Health Law and Section 381 of the Social Welfare Law.

*See Public Health Law, Sec. 2520 and Social Welfare Law, Sec. 381.

8. For failure to comply with any state or local law, rule or regulation, or for any cause which the state commissioner of health may deem a menace to the health of the patients in the maternity hospital, any license may be withheld or suspended and, after due notice and opportunity for hearing has been given, may be denied or revoked.

9. If the licensee ceases to conduct the maternity hospital, such license shall be returned to the state department of health.

10. If the maternity hospital for which such license was issued be discontinued, or if the license expires or is revoked, such license shall be returned immediately to the state department of health, together with all registers.

C. Facilities and Equipment.

1. The bedrooms for maternity patients and newborn infants and the delivery rooms shall occupy an entire floor or floors, or a separate wing of a floor, and shall be used exclusively for maternity patients and newborn infants.

2. Each hospital shall have a minimum of equipment as prescribed by the state commissioner of health.

3. Adequate sanitary bathing and toilet facilities shall be provided for maternity patients.

4. Beds, supplies and other equipment shall be cleaned and disinfected after use according to a procedure approved by the full-time health officer.

5. All drugs and solutions shall be correctly and distinctly labelled and shall be kept in a locked cabinet or closet when not in use.

6. Every floor in a maternity hospital shall be adequately equipped with fire extinguishers approved by the state commissioner of health, and no patient shall be cared for above the first floor unless there is adequate provision approved by the state commissioner of health for safe exit in an emergency with easy access from patients' rooms in the event of fire.

7. The surfaces of all ceilings, walls and floors and furnishings in rooms which are occupied by maternity patients or newborn infants shall be of washable material.

8. Each maternity hospital shall be maintained in a clean condition at all times.

9. All outside doors, windows and other outside openings used for ventilation shall be effectively screened.

10. In hospitals with a capacity of four or more patients, a room shall be set apart for deliveries and used for no other purpose. This room shall be provided and maintained separate and distinct from the bedrooms and from any operating room used for other hospital

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service. In maternity hospitals with a capacity of three or less patients, deliveries may be performed in rooms otherwise used for care of maternity patients and their infants, but used for no other purpose. In all maternity hospitals, of whatever capacity, the room used for deliveries, or an adjacent room with ready access to the delivery room and used only for preparation for deliveries, shall be equipped with sinks with the flow of water controlled by foot or knee valves, (except that in such rooms constructed or remodeled prior to July 1, 1960, elbow valve control of water is permitted). The room used for delivery shall be furnished with such minimum equipment as may be prescribed by the state commissioner of health.

11. When maternity patients are cared for above the ground floor, an elevator large enough to accommodate a stretcher horizontally shall be in operation in the hospital. This provision shall not apply to maternity hospitals licensed on or before May 31, 1952.

12. Each maternity patient shall have a separate bed located in a room providing at least 80 square feet of floor space for each bed. In rooms accommodating more than 1 patient, the beds shall be separated by spaces at least three feet in width.

D. Care of maternity patients.

1. No maternity patient shall be cared for in the same room with a patient who is not a maternity patient.

2. A chart shall be kept for each maternity patient. This chart shall show the history of the case, results of examinations, medical orders, progress of the case and such other data as may be required by the state commissioner of health and on a form approved by him.

3. Every maternity hospital shall have sterile equipment available at all times for the administration of blood or blood substitutes for maternity patients or infants when such treatment is indicated for medical reasons. Every maternity hospital shall have a supply of blood, blood derivative, or blood substitutes available at all times for the emergency treatment of patients in shock; maternity hospitals lacking facilities for determination of the blood groups to which the recipient and donor belong, according to the Landsteiner classification, the Rh type, compatibility cross-match of the blood of the donor and of the recipient by a method suitable for detecting Rh as well as blood group incompatibility, and facilities for procurement of blood, shall present evidence that arrangements have been made so that such services may be obtained with reasonable speed in the event of an emergency.

4. Every maternity patient in such hospitals shall be attended during delivery and supervised during the puerperium by a registered physician or a licensed midwife.

5. Maternity hospitals shall maintain a policy such that maternity patients and their infants be kept in the hospital for not less than 36 hours after delivery, unless the medical condition of the patient or infant is such as to require transfer to another hospital for care, or unless the maternity patient, after admission to the hospital, insists on being discharged earlier against medical advice.

6. A maternity patient suffering from a communicable disease may be admitted and cared for in a maternity hospital if a separate room with adequate isolation facilities is available and such patient is isolated and separate nursing service apart from uninfected patients is provided. The room used for delivery shall be cleaned and disinfected after use according to procedure approved by the full-time health officer.

7. In the event that a communicable disease develops in any maternity patient in the hospital, such patient shall be isolated in accordance with instructions of the full-time health officer. The bed and equipment used for such patient shall not be used for any other maternity patient until they shall have been disinfected in accordance with the instructions of the full-time health officer, and no other patient shall be admitted to the maternity service until permitted by the full-time health officer.

E. Care of newborn infants.

1. Reasonable precautions shall be taken to prevent and control infection as set forth in Chapter XII, Regulation 1 of this Code.

2. A chart shall be kept for each newborn infant. This chart shall show the history of the case, results of examinations, medical orders, progress of the case and such other data as may be required by the state commissioner of health and on a form approved by him. No infant shall be cared for in an unincorporated maternity hospital for other than medical reasons without the approval of the state commissioner of health except during the stay of the mother therein or in a temporary emergency, defined as a period of not more than 24 hours.

F. Reports. The licensee of an unincorporated maternity hospital shall submit to the state commissioner of health such data in such form as may be required by the state commissioner of health. (Enacted April 22, 1960, amended December 16, 1960, effective January 1, 1961)

Regulation 7. Isolation wards required in institutions for children. Every institution for children, in which twenty or more children sleep, shall be provided with at least one ward, room, apartment or tent so related to the living quarters of the institution as to permit proper isolation of a case of communicable disease. (Enacted April 22, 1960; effective July 1, 1960).

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Regulation 8. Warning label required on certain plastic material.

No person shall sell, offer for sale, or deliver, or offer for delivery, or give away any plastic bag or partial plastic bag intended for domestic or household use, or for packaging articles intended for domestic or household use, or which is so designed or decorated as to encourage its use as a toy, the length and width of which when added together totals 25 inches or more and the opening side of which is 7 inches or more and the material of which is less than one mil (1/1,000 of an inch) in thickness; unless such plastic bag bears the following warning statement, or a warning statement which the commissioner of health has approved as the equivalent thereof:

“WARNING: To avoid danger of suffocation, keep this plastic bag away from babies and children.
Do not use this bag in cribs, beds, carriages or play pens.”

Such warning statement shall be imprinted in a prominent place on the plastic bag or shall appear on a label securely attached to the bag in a prominent place, and shall be printed in legible type which shall be contrasted by typography, lay-out or color from the contents of the bag and from other printed matter on the bag, if any.

The size of the print of such statement shall be as follows:

Total length and width of the bag	Size of Print
60 inches or more	At least 24 point
40 inches to, but not including, 60 inches	“ “ 18 “
30 inches to, but not including, 40 inches	“ “ 14 “
25 inches to, but not including, 30 inches	“ “ 10 “

(Enacted April 22, 1960; effective July 1, 1960).

CHAPTER XIV

Service Food Establishments*

Regulation 1. Definitions The following definitions shall apply in interpretation and the enforcement of this chapter.

(a) **Service Food Establishment** shall mean any place in which food is prepared for public service, including all eating and drinking establishments whether fixed or mobile, temporary or permanent except common carriers in interstate service.

(b) **Food** shall mean that which is eaten or drunk by man and which furnishes nourishment.

(c) **Employee** shall mean any person who handles food during preparation or service, or who handles eating, drinking or cooking utensils during cleansing, bactericidal treatment, storage or service.

(d) **Utensil** shall mean kitchenware, tableware, glassware, cutlery, containers, or other equipment with which food comes in contact during storage, preparation, cooking or serving.

(e) **Milk Dispenser** shall mean a mechanical device for dispensing milk by gravity or pump from a refrigerated bulk container into a receptacle in portions intended for consumption by one person.

(f) **Person** shall mean a natural person, partnership, firm, corporation or association.

(g) **Health Officer** The term "health officer" as used in this chapter shall be construed to mean a health officer or health commissioner of a city or his deputy; a health commissioner or deputy health commissioner of a county or part county health district; or a health officer of a town, village or consolidated health district. The term "deputy" as used in this chapter shall mean an assistant to the health officer who is qualified to act temporarily as health officer during the absence or disability of the health officer.

(h) **Unwholesome** shall mean in a decayed, diseased, contaminated, infected or any other state which is presumably deleterious to health.

(Enacted December 7, 1956, effective April 1, 1957.)

Regulation 2. Permits. When so required by local ordinance, code, rule or regulation, it shall be unlawful for any person who does not possess an unrevoked permit from the health officer to operate a service food establishment in any city, village, town, consolidated health district or county or part county health district. Only persons who comply with the requirements of this chapter shall be entitled to receive and retain such permit. The health officer may specify a date of

*This present Chapter XIV supersedes Chapter XIV entitled "Restaurants" except Regulation 3, paragraphs b and c which are transferred to Chapter IX as a new Regulation 11.

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expiration of the permit and if no date is specified the permit shall continue in effect until suspended or revoked.

A permit may be suspended by the health officer upon the violation by the holder of any of the terms of this chapter when, in the opinion of the health officer, public health is in peril; or upon serious or repeated violations, permit may be revoked by the health officer, after an opportunity for a hearing. (Enacted December 7, 1956; amended April 26, 1957, effective April 26, 1957.)

Regulation 3. Examination and condemnation of unwholesome food or drink. Samples of food, drink, and other substances may be taken and examined by the health officer or his authorized representative as often as may be necessary for the detection of unwholesomeness. The health officer or his authorized representative may order such food, drink or other substances held pending the completion of such examinations. The health officer may condemn and forbid the sale or cause to be removed or destroyed any food or drink which in his opinion is unwholesome. Food, drink or raw materials which have become unfit for human consumption shall be kept separate and apart from wholesome food, drink or raw materials. The presence of any food, drink or raw material in any part of the establishment shall be deemed prima facie evidence of intended use as human food. (Enacted December 7, 1956, effective April 1, 1957.)

Regulation 4. Inspection of service food establishments. The health officer, before issuing a permit shall cause an inspection to be made of the service food establishment and at least annually thereafter and shall cause additional inspections to be made as he deems necessary for the proper enforcement of this chapter.

One copy of the inspection report shall be given by the health officer or his authorized representative to the manager or operator of the service food establishment and the latest inspection report shall be kept on file and shall not be defaced or removed by any person except the health officer or his authorized representative. The original of the inspection report shall be filed with the records of the health officer.

The person operating the service food establishment shall upon request of the health officer or his authorized representative permit access to all parts of the establishment and shall furnish copies on demand, or permit copying of any or all records of food purchased. (Enacted December 7, 1956, effective April 1, 1957.)

Regulation 5. Sanitation requirements. Service food establishments shall comply with all of the following items of sanitation.

Item 1. Floors. The floors of all rooms in which food is stored, prepared, or served or in which utensils are washed or stored shall be of such construction as to be easily cleaned, shall be smooth, and shall be kept clean and in good repair. Floor coverings in such rooms shall be kept clean and in good repair.

Item 2. Walls and ceilings. Walls and ceilings of all rooms in which food is stored, prepared or served or in which utensils are washed or stored shall be kept clean and in good repair.

Item 3. Lighting. All rooms in which food is stored or prepared or in which utensils are washed or stored shall be lighted adequately.

Item 4. Ventilation. All rooms in which food is stored or prepared, or in which utensils are washed or stored shall be well ventilated.

Item 5. Toilet facilities. Every service food establishment shall have adequate and conveniently located toilet facilities properly constructed and maintained for the management and employees, conforming with state laws and local ordinances. Toilet rooms shall be kept in a clean condition, in good repair and well-lighted and ventilated. Hand-washing signs shall be posted in each toilet room used by employees.

Item 6. Water supply. Water supplies of service food establishments shall be derived from sources which are properly located, protected and operated. Water in adequate quantity under satisfactory pressure and at satisfactory temperature shall be provided in all rooms in which food is prepared or utensils washed. Only water of safe, sanitary quality shall be provided in such rooms. Drinking water shall be of safe, sanitary quality when served.

Item 7. Hand washing facilities. Adequate and convenient hand-washing facilities shall be available to management and employees including hot and cold running water, soap and sanitary towels. A towel for common use shall not be permitted. No employee shall resume work after using the toilet without first washing hands.

Item 8. Construction of utensils, equipment and fixtures. All multi-use utensils and equipment and all show and display cases or windows, counters, shelves, tables, refrigerators, sinks or other fixtures shall be of suitable material so constructed and placed as to be easily cleaned and inspected and shall be kept in good repair. Utensils made of, or plated with cadmium, lead or zinc or other poisonous materials shall not be used, except that solder containing less than 5 per cent lead may be used for jointing. All equipment installed on and after January 1, 1958 for use in the cleaning and bactericidal treatment of utensils used in the preparation, storing, handling or serving of food for consumers, shall be of a type acceptable to the state commissioner of health. Milk dispensers shall be of a make and model approved by the state commissioner of health.

Item 9. Cleaning and bactericidal treatment of utensils, equipment and fixtures. Adequate facilities shall be provided for cleaning, rinsing and bactericidal treatment of all multi-use utensils and equipment. All utensils, equipment and fixtures, including show and display cases of windows, counters, shelves, tables, refrigerators, sinks and other equipment and fixtures with which food, drinks or utensils come in contact, shall be kept clean and free from flies and other insects, dust, dirt, and other contaminating material. All cloths used by employees during the preparation and service of food shall be clean. Single service containers shall be used only once. Empty milk bottles and cans shall be thoroughly rinsed before return.

All multi-use eating, drinking and cooking utensils shall be so cleansed and bactericidally treated as to have a total bacterial count of not more than 100 per utensil surface examined as determined by a

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test and in a laboratory approved for the purpose by the state commissioner of health. Drying cloths and racks if used shall be clean and shall be used for no other purpose.

No substance or article used solely for polishing which contains cyanide or other poisonous material shall be kept or used in any service food establishment.

Item 10. Storage and handling of utensils and equipment. After bactericidal treatment multi-use utensils shall be stored in a clean, dry place protected from flies and other insects, from dirt, dust and other contamination, and shall be handled in such a manner as to prevent contamination. Single-service utensils shall be purchased only in sanitary containers, shall be stored therein in a clean, dry place until used, and shall be handled in a sanitary manner. Unwrapped soda straws, tubes or similar devices for drinking from containers shall be dispensed only from a dispenser approved by the state commissioner of health. Such dispensers shall be so located as to be easily accessible to users at the point of service. No person other than the ultimate user shall touch such unwrapped straw, tube or device, either before or after dispensing, except for disposal.

Item 11. Disposal of wastes. Sewage and all liquid wastes shall be properly disposed of, and all garbage and trash shall be kept in suitable covered receptacles. Garbage and trash receptacles shall be emptied at such intervals and in such manner as not to create a nuisance.

Item 12. Refrigeration. All readily perishable food and drink shall be cooled immediately after preparation and shall be kept at or below 50°F. except when being prepared or served. Refrigerators shall be equipped with accurate thermometers, located in the warmest zone.

Item 13. Wholesomeness of food and drink. All food and drink shall be clean, wholesome, free from spoilage, and so prepared as to be safe for human consumption. All milk, cream, milk products, ice cream, and other frozen desserts served shall be from sources acceptable to the health officer. Only pasteurized milk, cream and milk products shall be used. Milk, cream and milk products shall be served in or from the original containers in which they were received from the distributor or from a bulk container in a manner acceptable to the health officer. All oysters, clams and mussels shall be from certified shippers and if shucked shall be kept until used in the containers in which they were placed at the shucking plant. Ice shall be from a source acceptable to the health officer.

Item 14. Storage, display, protection and serving of food. Readily perishable foods not refrigerated shall be maintained at not less than 140°F. prior to service. Food, drink and ice shall be so stored, displayed and served as to be protected from dust, dirt, flies, other insects, and vermin, and from depredation and pollution by rodents, unnecessary handling, droplet infection, overhead leakage, and other contamination. No animals or fowls shall be kept in or allowed in any room in which food is prepared or stored. All service food establishments shall be so constructed and equipped as to prevent the entrance

of flies and other insects and vermin. Effective measures shall be used for elimination of flies and other insects and vermin.

Insecticides, rodenticides or other substances containing poison shall not be stored, kept or used in refrigerators, on shelves or in other places where they may contaminate or be mistaken for foods or beverages. Detergents, sanitizers or any toxic substances shall not be stored in such a manner that they may contaminate or be mistaken for foods or beverages.

Item 15. Cleanliness of employees. All employees shall wear suitable, clean outer garments and shall keep their hands clean at all times while engaged in handling food, drink, utensils or equipment. Employees shall not use tobacco in any form while serving or preparing food. Tobacco in any form shall not be used in any area in which food is prepared or utensils washed or stored.

Spitting shall be prohibited in rooms in which food is prepared, stored or served or utensils washed or stored.

Item 16. Miscellaneous. The premises of all service food establishments shall be kept clean and free of litter or rubbish. Dry sweeping is prohibited. Empty refillable containers shall be stored in such a manner that they shall not attract flies or other insects. None of the operations connected with a service food establishment shall be conducted in any room used as living or sleeping quarters. Adequate lockers or dressing rooms shall be provided for employees' clothing and shall be kept clean. Soiled linens, coats and aprons shall be kept in containers provided for this purpose. (Enacted December 7, 1956, amended September 23, 1960, effective January 1, 1961.)

Regulation 6. Disease control. No person who is affected with any disease communicable through food or who is a carrier of such disease or who has suppurating lesions on arms, hands or other exposed parts of the body or who is suffering from periods of vomiting or diarrhea shall work in any service food establishment. A service food establishment shall not employ any such person or any person suspected of being affected with any disease communicable through food or suspected of being a carrier of such disease or any person who refuses physical examination by the health officer or his authorized representative. If the manager, supervisor or operator of a service food establishment suspects that an employee has contracted any disease communicable through food or has become a carrier of such disease he shall notify the health officer immediately. (Enacted December 7, 1956, effective April 1, 1957.)

CHAPTER XV

Farm Labor Camps

Regulation 1. Definitions. As used in this Chapter, the following words and terms shall have the indicated meaning:

(a) "Drinking Water" shall mean water provided or used for human consumption or for lavatory or culinary purposes.

(b) "Dwelling Unit" shall mean one or more rooms with at least sleeping, bathing and toilet facilities for the use of one family. All the facilities need not necessarily be in the same structure but all shall be under the control of the family.

(c) "Farm Labor Camp" shall mean a property consisting of a tract of land and all tents, vehicles, buildings or other structures pertaining thereto, any part of which may be occupied by persons employed as laborers in farm activities who are provided with sleeping facilities, in whole or in part, by the owner, lessee, or operator thereof, with or without stipulated agreement as to the duration of their stay, whether or not they are supplied with meals but who are supplied with such services or facilities as are necessary for their use of such property.

(d) "Farm Activities" shall mean the activities carried out in connection with the production or processing of agricultural or horticultural products such as: fitting, planting, cultivating, harvesting, vining, sorting, grading, packing, storing, canning, freezing, dehydrating, bottling and preserving or treating by any method.

(e) "Permit Issuing Official" shall mean the health commissioner or health officer of a city of 50,000 population and over, or of a county or part-county health district, or the state district health officer, in whose respective jurisdiction a farm labor camp is located.

(f) "Person" shall mean an individual, group of individuals, partnership, firm, corporation or association.

(g) "Sewage" shall mean the waste from a flush toilet, bath, sink, lavatory, dishwashing or laundry machine, or the water-carried waste from any other fixture or equipment or machine. (Enacted November 19, 1954, amended May 8, 1956, September 28, 1956 and July 28, 1958, effective August 1, 1958.)

Regulation 2. Application. (a) The requirements of this Chapter shall apply to a farm labor camp occupied by five or more persons.

In determining whether a certain property constitutes a farm labor camp within the intent of this Chapter, the farm owner or other persons occupying the property on an annual basis shall not be included in computing the number of persons occupying the property.

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(b) The requirements of this Chapter shall not apply to:

(1) A private home, hotel, boarding house, lodging house or similar property which is regularly operated primarily for the occupancy of people engaged in some activity other than farm labor,

(2) A camp, such as a children's vacation camp which, as a part of its regular program or regime, carries on farm labor activities as a part of the activities of the occupants of the camp, and

(3) Any other type of operation, occupancy or use of a property determined by the State Commissioner of Health as not being within the intent of regulation by this Chapter. (Enacted November 19, 1954, amended May 8, 1956 and September 28, 1956, effective October 1, 1956.)

Regulation 3. Notice of construction, enlargement or conversion required. No person shall construct or enlarge for occupancy or use, a farm labor camp or any portion or facility thereof, or convert a property for use or occupancy as a farm labor camp, without giving notice in writing of his intent to do so to the permit issuing official, at least fifteen days before the date of beginning such construction, enlargement or conversion. The notice shall give the name of the city, village, or town in which the property is located, the location of the property within that area, a brief description of the proposed construction, enlargement or conversion, and the name and mail address of the person giving the notice and his telephone number, if any. The notice shall be supplemented by such further information, plans or specifications as may be required by the permit issuing official. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 4. Permit to operate required; application, issuance, revocation, posting. (a) No person shall operate any farm labor camp or cause or allow the same to be occupied without a permit to do so from the permit issuing official.

(b) Application for a permit to operate a farm labor camp shall be made to the permit issuing official, on a form and in a manner prescribed by the State Commissioner of Health, by the person who will operate the farm labor camp. Application for a permit to operate a farm labor camp shall be made each year at least thirty days before the first day of proposed operation of such camp. An application shall be filed for a new permit, following the revocation of a permit, at least seventy-two hours before the first day of the resumption of operation of the farm labor camp. In the event of an intended change of operator

of a farm labor camp, the new operator shall apply for a permit before the change is effected. An application for a permit shall be filed before a change in the name of a farm labor camp occurs.

(c) The permit issuing official shall issue a permit for the operation of a farm labor camp on a form prescribed by the State Commissioner of Health if he finds that the farm labor camp or the proposed operation thereof conforms, or will conform, to the requirements of this Chapter. The permit issued for the operation of a farm labor camp shall expire December 31 following the date of its issuance. The permit issued for the operation of any farm labor camp shall expire upon a change of the operator of the farm labor camp, upon a change in the name of the farm labor camp, or upon the revocation of the permit.

(d) The permit issuing official may issue a temporary permit to operate a farm labor camp if he finds that such farm labor camp does not, or the proposed operation thereof will not, comply with the requirements of this Chapter, provided the applicant for a permit to operate such a farm labor camp files with the permit issuing official a statement of intention to comply with the requirements within thirty days. The temporary permit shall prescribe the terms, requirements or conditions upon which the farm labor camp may be temporarily operated. A temporary permit shall expire on the date designated by the permit issuing official but not later than thirty days after the date of issuance.

(e) A permit shall not be transferrable or assignable.

(f) A permit may be revoked by the permit issuing official if he finds that the farm labor camp for which the permit was issued is maintained, operated or occupied in violation of law, the state sanitary code, or the sanitary code of the health district in which the farm labor camp is located. A permit may be revoked upon request of the permittee or upon abandonment of operation.

(g) A permit issued for the operation of a farm labor camp shall be posted or kept on file and made available by the operator on request. (Enacted November 19, 1954, amended June 10, 1958, effective January 1, 1959.)

Regulation 5. Location, grounds. (a) A farm labor camp shall not be located where adequate surface drainage is impracticable or where satisfactory disposal of sewage cannot be provided.

(b) The grounds of a farm labor camp shall be maintained in a clean

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and reasonably dry condition. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 6. Housing, fire hazards; maintenance. (a) A building or structure of a farm labor camp shall be structurally safe, adequate in size for its use, easy to keep clean and shall have watertight roof and sides. (Enacted November 19, 1954, amended June 10, 1958, effective January 1, 1959.)

(b) A tent or building for the use or accommodation of people shall have a satisfactory floor. (Enacted November 19, 1954, effective January 1, 1955.)

(c) Adequate sleeping quarters shall be provided. For sleeping quarters in use at farm labor camps under permit prior to January 1, 1959, there shall be at least thirty square feet of floor area for each individual over the age of two years sleeping in a room or tent, provided, however, that if a double-deck bunk or bed is substituted for a single-level bed, cot or bunk there shall be at least twenty square feet of floor area for each individual using the double-deck unit, and provided further that in a house trailer furnished by a person other than the occupant, there shall be at least twenty square feet of clear floor area for each individual sleeping therein. After January 1, 1959, all new construction or new facilities provided for sleeping quarters must allow adequate space of at least forty square feet of floor space for each individual over the age of two years; provided, however, that if a double deck bunk or bed is used, there shall be at least thirty square feet of floor area for each individual using such double deck unit. The required floor area in a room in a building, not in a tent or house trailer, shall consist only of that part of the floor area which has a clear height above it of at least 5 feet and at least 80% of the required floor area shall have a continuously clear height above it of at least six feet six inches. The walls of sleeping space in a building shall extend from the floor to the ceiling or roof above the floor area or to at least 10 feet above the floor, and shall be of solid substantial construction. Every bed, bunk, cot, bed or bunk spring, mattress and pillow shall be in good condition and every sheet, pillow case, blanket or other bed cover, provided by the operator, shall be clean. In each sleeping quarters, a horizontal area, on a shelf or table, at least 8 inches wide with a total area of at least 1.5 square feet shall be provided for each occupant thereof for the storage of his possessions. Sleeping quarters for a group of people of one sex shall be separate from the sleeping quarters for a group of the opposite sex. There shall be a clear space of at least 27 inches above the sleeping surface of a bed, bunk or cot. (Enacted November 19, 1954, amended June 10, 1958, effective January 1, 1959.)

(d) Adequate light and ventilation shall be provided for sleeping quarters, kitchens, dining rooms, mess halls, privies and toilet rooms, except those in tents. For sleeping quarters, kitchens, dining rooms and mess halls, in a structure or part of a structure constructed or con-

verted subsequent to January 1, 1955, natural light through clear glass shall be provided by windows, transoms or skylights having a total area within the casements of at least 10 per cent of the floor area of the room. In such rooms used as a part of a farm labor camp which has been operated under a permit issued by the permit issuing official at any time between January 1, 1953 and December 31, 1954, this area shall be at least 5 per cent of the floor area. For a toilet room or privy this area shall have each dimension at least 18 inches and for a floor area in excess of 225 square feet, shall be at least 5 per cent of the floor area. At least one half of the required area shall be in outside wall area. If electric current is available in such a camp, at least one electric light outlet shall be provided in each sleeping quarters, kitchen, dining room, mess hall and toilet room. Natural ventilation shall be furnished in all such spaces by providing that at least 40 per cent of the area within casements required for light shall be capable of being opened. Where any such space extends to opposite walls at least 10 per cent of the area required to be openable for ventilation shall be in each outside wall. Cross ventilation in a sleeping quarters may be provided between a window in an outside wall and an opening, with provisions for closing, in an interior wall forming a part of a hall or an unoccupied space provided that the top of the opening is not higher than one half the distance between the floor and the ceiling or roof over the hall or unoccupied space. Doors opening from a sleeping quarters directly to the outside of the structure shall not be considered a part of the area required to be openable for ventilation. (Enacted November 19, 1954, effective January 1, 1955.)

(e) Where a stove or other source of heat is provided, it shall be installed in such a manner as to avoid both a fire hazard and a dangerous concentration of fumes or gas. The use of portable kerosene heaters shall not be permitted. In a room with wooden floor, there shall be a concrete slab, metal sheet or other fireproof material on the floor under any stove, extending 18 inches beyond the perimeter of the base of the stove. A wooden table or shelf supporting a stove shall be protected similarly for the same distance or to the edges of the stove supporting surface. Any wall or ceiling having a non-fireproof surface within 18 inches of a stove or stovepipe shall be protected by a metal sheet or other fireproof material. Stoves intended to be provided with a stovepipe shall have such stovepipe connected to the stove and discharging to the outside air or chimney. A vented metal collar shall be installed around a stovepipe in a wall, ceiling, floor or roof through which the stovepipe passes. (Enacted November 19, 1954, amended June 10, 1958, effective January 1, 1959.)

(f) A building in which people sleep or eat shall be provided with ready exit in case of fire and shall have at least two exits from each floor where there are sleeping quarters or a dining room. If sleeping quarters are provided above the ground floor, at least one outside exit

from floors above the ground floor shall be required, unless exempted in writing by the permit issuing official. A window capable of being opened to provide an open area, each dimension of which is at least 2 feet 4 inches and with the lower edge of the opening not more than 14 feet above the ground beneath the window, may constitute a required exit, if approved by the permit issuing official. Every sleeping quarters in which ten or more individuals sleep shall have at least two doors opening to the outside of the building or to an interior hall. Where flights of stairs extend beyond more than two occupied floors in a building, there shall be a self-closing door at both the lower and upper end of each flight of stairs between two floors. Such doors shall swing in the direction of exit travel. The flights of stairs shall be enclosed within smoke-tight walls. The floor area from any interior door through the building to an outside exit of the building, except for any required intervening door, shall be maintained free and clear. (Enacted November 19, 1954, amended June 10, 1958, effective January 1, 1959.)

(g) A tent, vehicle or building shall be maintained in a clean, sanitary condition at all times. (Enacted November 19, 1954, effective January 1, 1955.)

(h) After January 1, 1959, all new construction, additions, conversions or replacements of buildings to be used for sleeping quarters which will be occupied by a total of three or more families or fifteen or more persons shall be of fire-resistant construction. In the case of farm labor camps which were not under permit in 1958, all buildings used for sleeping quarters occupied by three or more families or by fifteen or more persons must be of fire-resistant construction. (Enacted June 10, 1958, effective January 1, 1959.)

(i) All buildings used for sleeping quarters occupied by three or more families or by fifteen or more persons are required to be of fire-resistant construction at farm labor camps having a total rated capacity of 200 or more. (Enacted June 10, 1958, effective January 1, 1962.)

(j) All rooms occupied between October 1st and May 1st must have heating facilities which are properly vented and shielded and capable of maintaining a minimum temperature of 68° Fahrenheit in each occupied room. Satisfactory heating facilities may be required by the permit issuing official at camps which are occupied at times other than noted above when the room temperature falls below 68° Fahrenheit. (Enacted June 10, 1958, amended November 7, 1958, effective January 1, 1959.)

(k) Effective screening against mosquitoes and house flies shall be required for all windows and exterior openings of living quarters. (Enacted June 10, 1958, effective January 1, 1960.)

Regulation 7. Water. (a) Drinking water shall be adequate in quantity, of a quality satisfactory to the permit issuing official and shall be readily available to occupants of the property. Only drinking water shall be so delivered or piped as to be easily accessible. Only during the first year that a shortage of the piped or pumped supply of drinking water exists, shall the delivery of water in a portable container be permitted, provided the water as drawn from the container has a residual chlorine content of at least 0.3 parts per million. There shall be available during every day that the camp is occupied at least the following quantities of water: for drinking, cooking, lavatory and bathing purposes, 6 gallons per occupant; for dishwashing in sinks, 4 gallons per occupant plus one gallon for each meal furnished non-occupants; for dishwashing in machines, as approved by the permit issuing official; for a flush toilet, 10 gallons per occupant using the toilet; for miscellaneous use, 5 gallons per occupant; and, at least 20 per cent of the required total daily volume shall be available for use during any one hour period.

(b) A well or spring used as a source of drinking water and a structure used for the storage of drinking water shall be so constructed and located as to protect the contents against pollution. A pipe or pump delivering drinking water shall be of a type and installation acceptable to the permit issuing official.

(c) There shall be no physical connection between a pipe carrying drinking water and a pipe carrying water not of a quality satisfactory to the permit issuing authority. A fixture, installation or equipment from which back-siphonage may occur, shall not be supplied water from a pipe carrying drinking water.

(d) A common drinking utensil shall not be provided or allowed to be used. Any drinking fountain shall be of approved sanitary design and construction.

(e) Where a water treatment process is employed, accurate and complete reports on the operation thereof shall be maintained daily and submitted at least monthly to the permit issuing official on a form supplied by him.

(f) Any interruption in treatment of a drinking water supply shall be reported immediately to the permit issuing official. No change in the source of, nor in the method of treatment of, a drinking water supply shall be made without first notifying the permit issuing official and securing his approval to do so. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 8. Toilets, privies. (a) Toilet facilities adequate for the capacity of the farm labor camp shall be provided. These facil-

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ities shall be so located as to be conveniently available and shall be so constructed and maintained that they will not be offensive. Toilet facilities for groups of people consisting of both sexes, except those for not more than two family groups, shall be so arranged that the facilities shall be separate for each sex. Toilet facilities shall be so located as to be accessible without any individual passing through any sleeping room other than one occupied by his own family.

(b) A privy shall be so located and constructed that it will not by leakage or seepage possibly pollute a water supply, surface water or adjacent ground surface and shall be constructed in accordance with the requirements of the State Department of Health and shall be maintained so that it will not permit access of flies to the privy vault.

(c) There shall be at least the following: One toilet or privy seat for each 20 men or less in the camp; one urinal or two lineal feet of urinal trough for each 15 men or less in the camp, and one toilet or privy seat for each 15 women or less in the camp, provided that in determining the above number of men and women, those family groups which have toilet facilities in a toilet room connected to their own sleeping room shall not be considered. Urinals shall not be required as toilet facilities in a dwelling unit. The required toilet facilities shall be within 200 feet, by walking distance, of a door of each sleeping room. No flush toilet fixture or urinal shall be in a sleeping room. No privy shall be within 50 feet of any sleeping room, dining room, mess hall or kitchen. (Enacted November 19, 1954, amended September 28, 1956, effective October 1, 1956.)

Regulation 9. Sewerage. (a) Facilities shall be provided and maintained for the satisfactory disposal or treatment and disposal of sewage.

(b) A plan for proposed new or modified facilities for the satisfactory disposal or treatment and disposal of sewage shall be submitted to the permit issuing official, or, if otherwise required by Article 12 of the Public Health Law, to the Water Pollution Control Board.

(c) A permit or approval in writing for the discharge of sewage or sewage effluent as provided by the plans shall be obtained from the permit issuing official or from the Water Pollution Control Board if so required by Article 12 of the Public Health Law.

(d) No construction shall be commenced for new or modified facilities for the treatment or disposal or the treatment and disposal of sewage until such permit or approval in writing has been received by the permittee. Construction shall be in accordance with the approved plans.

(e) The presence of untreated sewage on the surface of the ground shall not be allowed. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 10. Kitchen, dining room, food handling. (a) Wherever milk, cream, food or meals are furnished or offered for sale in a farm labor camp, adequate provisions shall be made for sanitary storage, handling and protection of food and milk supplies until served or used.

(b) A kitchen or dining room shall be separate from a toilet room and shall be screened against mosquitoes and house flies. A kitchen shall be separate from a sleeping room and shall not be used as a sleeping room. Equipment shall be adequate for satisfactory use of the kitchen or dining room and shall be kept clean and in good repair and operating condition.

(c) Where food storage, preparation or service is necessarily carried out in single room quarters occupied by a family, space for such purposes shall be provided in addition to the space required for sleeping purposes. In addition to the floor area required for sleeping purposes and, in addition to the floor area required for the stove, there shall be at least 6 square feet of floor area for each individual consuming food in the room during a meal period. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 11. Dishwashing. Where food is prepared or consumed, adequate facilities for washing, disinfecting and storing dishes and food utensils shall be provided which are consistent with the need therefor. Dishes and food utensils shall be adequately cleansed, washed and disinfected after each use and shall be handled and stored in a sanitary manner. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 12. Garbage; refuse. Adequate and sanitary facilities shall be provided and maintained for the storage and disposal of garbage and refuse. Sanitary methods shall be used for the collection, temporary storage, handling and disposal of garbage and refuse. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 13. Milk and cream. Whenever milk or a milk product as defined in Chapter III of the Sanitary Code is sold, offered for sale, used or served, it shall be obtained from a dealer holding a permit under that Chapter. No milk or milk products as defined in that Chapter, other than pasteurized, shall be sold, offered for sale, used or served. (Enacted November 19, 1954, effective January 1, 1955.)

Regulation 14. Bathing Facilities. Suitable and adequate shower or tub bathing facilities, separate for each sex, shall be provided. There shall be at least one shower head or bath tub provided for each twenty, or fraction thereof, of the occupants of the camp. Facilities for both hot and cold water shall be available for every shower head and bath tub. Separate facilities for each sex shall not be required in a dwelling unit. After January 1, 1960, hot and cold running water must be provided at all bathing facilities unless, in the case of camps having a population of 25 or less, an exemption in writing is granted by the permit issuing official. (Enacted November 19, 1954, amended March 23, 1956, September 28, 1956 and June 10, 1958, effective January 1, 1960.)

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Regulation 14-A. Swimming Pools and Bathing Beaches. A swimming pool or bathing beach operated as a part or facility of a farm labor camp for the use only of the occupants, guests or employees of that farm labor camp shall be constructed, maintained and operated so as to protect the safety and health of the persons using the swimming pool or bathing beach. Chapter VI of this Code shall not apply to such pool or beach. (Enacted March 23, 1956, effective May 1, 1956.)

Regulation 15. Miscellaneous; duties of permittee. (a) No individual known to be a possible transmitter of a communicable disease shall be employed in the operation or maintenance of a farm labor camp.

(b) Children under 16 years of age not accompanied by an adult in a farm labor camp shall be provided with adequate and competent adult supervision exercised by a supervisor or supervisors present on the property.

(c) Satisfactory arrangements shall be made to assure adequate medical and nursing supervision and care at or readily available to the farm labor camp.

(d) A person to whom a permit to operate a farm labor camp has been issued shall provide a competent individual to be in charge of the property while the property is occupied or open for occupancy. The individual provided shall see that the grounds and all common-use spaces of buildings, structures and tents are policed at least daily and maintained in a clean, orderly condition and that broken screening and other elements of a building or structure shall be promptly repaired. In camps occupied by 100 or more persons, a full-time person shall be provided to perform these duties. (Enacted November 19, 1954, amended June 10, 1958, effective January 1, 1959.)

(e) A person to whom any permit is issued shall comply with the provisions of this Chapter and with all conditions stated in the permit. (Enacted November 19, 1954, effective January 1, 1955.)

CHAPTER XVI

Ionizing Radiation

Regulation 1. Definitions (a) The term "radiation" or "ionizing radiation" as used in this chapter shall refer to electromagnetic radiations (x-rays and gamma rays, etc.) or particulate radiations (electrons or beta particles, protons, neutrons, alpha particles, etc.) usually of high energy, but in any case it includes all radiations capable of producing ions directly or indirectly in their passage through matter.

(b) The term "roentgen" (r) shall mean the quantity of x-radiation or gamma radiation such that the associated corpuscular emission per 0.001293 grams of air produces, in air, ions carrying one electrostatic unit of quantity of electricity of either sign. Milliroentgen (mr) equals 1/1000 of a roentgen.

(c) The "rad" is the unit of absorbed dose and is equal to 100 ergs per gram of matter irradiated. Millirad (mrad) is equal to 1/1000 rad.

(d) The term "rem" is that quantity of any type of ionizing radiation such that the energy imparted to a biological system (cell, tissue, organ or organism) per gram of living matter by the ionizing particles present in the region of interest has the same biological effectiveness as an absorbed dose of 1 rad of lightly filtered x-radiation generated at potentials of 200 to 300 kilovolts. Millirem (mrem) is equal to 1/1000 rem.

(e) The term "Relative Biological Effectiveness" (RBE) is the ratio of the absorbed dose of lightly filtered x-radiation generated at potentials of 200 to 300 kilovolts, to the absorbed dose of any other type and/or energy of radiation that is required to produce the same biological effect on a particular biological system, when the conditions under which the radiation is received are the same. A dose in rems is equal to the dose in rads multiplied by the appropriate RBE.

(f) The term "curie" as used in this chapter shall mean that quantity of any radioactive material in which the number of disintegrations per second is 3.7×10^{10} . Millicurie (mc) equals 1/1000 of a curie. Microcurie (uc) equals 1/1000 of a millicurie.

(g) The term "radiation installation" shall mean a location or facility where radiation equipment is used or where radioactive material is produced, transported, stored or used for any purpose. The limits of the radiation installation area shall be as designated by the operator. (See Regulations 4 (e) and 5.) As used in this chapter, "radiation installation" shall refer only to those installations located in a hospital; institution; medical clinic; medical office; dental clinic;

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dental office; veterinarian clinic; veterinary office; podiatry office; educational institution; commercial, private or research laboratory performing diagnostic procedures; commercial, private or research laboratory performing instrument calibration services using radioactive materials not subject to supervision by the New York State Department of Labor in accordance with the Laws of New York State; shoe store; trucking, storage, messenger or delivery service establishment; or any industrial or commercial establishment not subject to supervision by the New York State Department of Labor in accordance with the Laws of New York State. "Radiation installation", as used in this chapter, shall include, whether or not it is specifically stated above, any facility where radiation is applied intentionally to a human. "Radiation installation", as used in this chapter, shall not include facilities subject to the regulations adopted by the Interstate Commerce Commission, United States Coast Guard, United States Post Office or Federal Aviation Agency.

(h) The term "radiation equipment" as used in this chapter, unless otherwise specified, shall include any device which emits or may emit ionizing radiation, except that radiation equipment shall not include equipment that does not produce a radiation level at the point of nearest normal approach in excess of 0.5 rem in any one year or 100 millirem in any one week; however, the production-testing or production-servicing of such equipment is included.

(i) The term "radioactive material" as used in this chapter is any solid, liquid or gaseous substance containing radioactive atoms which undergo spontaneous disintegration resulting in the emission of one or more types of radiation. As used in this chapter, radioactive material shall not include:

(1) Natural radioactive materials having an equivalent specific radio-activity not exceeding that of natural potassium.

(2) Small lots of the time pieces, instruments, novelties or devices containing self-luminous elements, except during manufacture or repair of the self-luminous elements themselves. Such time pieces, instruments, novelties or devices shall be included; however, if they are stored, used or handled in such quantity or fashion that any person might receive a radiation dose exceeding 0.5 rem in any one year distributed on as uniform a basis as possible.

(3) Radioactive material of such quantity that if the total amount were taken internally by a person, no serious harm would be likely to result.

(j) The term "radioactive waste" as used in this chapter shall include any solid, liquid or gaseous substance containing radioactive material, regardless of its source, which is discharged into the environment.

(k) The term "radiation safety officer" shall mean a person qualified by training and experience in radiological health to evaluate radiation hazards and to perform dependable radiation protection surveys.

(l) The terms "hazard", "radiation hazard", or "hazardous amounts of radiation" when used in relation to external radiation exposure, shall refer to any exposure rate which may result in a person receiving within any thirteen week period a total radiation dose exceeding the maximum permissible dose for such period or may result in a person receiving within any period of one year a total radiation dose exceeding the maximum permissible dose for such period. When used in relation to internal exposure, they shall refer to concentration of radioactive material in air, food or water, which exceed the maximum permissible concentrations in air, food or water for continuous exposure.

(m) The term "sealed source" as used in this chapter shall mean any device containing radioactive material to be used primarily as a source of radiation which has been constructed in such a manner as to prevent the escape, under normal conditions, of any radioactive material.

(n) The term "survey" as used in this chapter shall mean the evaluation of the potential radiation hazard in the vicinity of a radiation source.

(o) The term "personnel monitoring equipment" as used in this chapter shall mean devices or equipment which are capable of indicating or recording with reasonable accuracy the radiation dose a person has received during a specific period.

(p) The term "operator" as used in this chapter shall mean an individual, group of individuals, partnership, firm, corporation or association conducting the business or activities carried on within the radiation installation and/or having administrative control of the source of radiation.

(q) The term "health officer" as used in this chapter shall mean the county or part-county health officer, the health officer of a city of 50,000 population or over, or the state district health officer. (Enacted June 7, 1955, amended September 28, 1956, May 24, 1960, effective September 1, 1960.)

Regulation 2. Registration. Every operator of a radiation installation as defined in this chapter shall register such installation with the health officer having jurisdiction, prior to March 1, 1956. All new installations as defined in this chapter made on or after September 1, 1955, shall be registered with the health officer having jurisdiction, before the installation is placed in operation. Such registration shall be made on a form prescribed by the state commissioner of health.

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The following information shall be provided by the operator at the time of registration: The name of the operator; a designation of the confines of the installation; a statement of the type or types of sources of radiation expected to be used, operated or stored within the installation and of the approximate total number of each type; a summary of the radiation safety program.

A central committee (such as an isotope committee) having supervision for radiological safety over two or more radiation installations may register such installation in lieu of registration by the individual operator.

Registration shall not imply approval of manufacture, storage, use, handling or operation, but shall serve merely to notify the health officer having jurisdiction, of the location and character of radiation sources.

Any change in the character of the radiation installation which might increase the radiation exposure, such as addition to number of sources, increase in source strength, increase in output, increase in energy of radiation produced, shall be considered a new installation and shall be registered with the health officer having jurisdiction.

If the registration of each device or each change in the character of the installation would be impractical, the state commissioner of health, upon request of the operator or central committee, may approve blanket registration of the installation.

Radioactive materials listed in Table 1 and either in quantities not exceeding the amounts shown in Table 1, or generally (as distinguished from specifically) licensed or placed under a general (as distinguished from a specific) license of the United States Atomic Energy Commission, shall be exempt from registration.

Radioactive materials not listed in Table 1 shall be registered if the amount exceeds 1 microcurie as an unsealed source or 10 microcuries as a sealed source.

(Enacted June 7, 1955, amended September 28, 1956, May 24, 1960, effective September 1, 1960.)

TABLE 1

Element	Column 1 Not as a Sealed source (Microcuries)	Column 2 Sealed source (Microcuries)
Antimony 124 (Sb 124)	1	10
Arsenic 76 (As 76)	10	10
Arsenic 77 (As 77)	10	10
Barium 140-Lanthanum 140 (Ba La 140)	1	10
Beryllium 7 (Be 7)	50	50
Cadmium 109-Silver 109 (Cd Ag 109)	10	10
Calcium 45 (Ca 45)	10	10
Carbon 14 (C 14)	50	50
Cerium 144-Praseodymium 144 (Ce Pr 144)	1	10
Cesium 137-Barium 137 (Cs Ba 137)	1	10
Chlorine 36 (Cl 36)	1	10
Chromium 51 (Cr 51)	50	50
Cobalt 60 (Co 60)	1	10
Copper 64 (Cu 64)	50	50
Europium 154 (Eu 154)	1	10
Fluorine 18 (F 18)	50	50
Gallium 72 (Ga 72)	10	10
Germanium 71 (Ge 71)	50	50
Gold 198 (Au 198)	10	10
Gold 199 (Au 199)	10	10
Hydrogen 3 (Tritium) (H 3)	250	250
Indium 114 (In 114)	1	10
Iodine 131 (I 131)	10	10
Iridium 192 (Ir 192)	10	10
Iron 55 (Fe 55)	50	50
Iron 59 (Fe 59)	1	10
Lanthanum 140 (La 140)	10	10

TABLE 1 (Cont'd.)

Element	Column 1 Not as a sealed source (Microcuries)	Column 2 Sealed source (Microcuries)
Manganese 52 (Mn 52)	1	10
Manganese 56 (Mn 56)	50	50
Molybdenum 99 (Mo 99)	10	10
Nickel 59 (Ni 59)	1	10
Nickel 63 (Ni 63)	1	10
Niobium 95 (Nb 95)	10	10
Palladium 109 (Pd 109)	10	10
Palladium 103 - Rhodium 103 (Pd Rh 103)	50	50
Phosphorus 32 (P 32)	10	10
Polonium 210 (Po 210)	0.1	1
Potassium 42 (K 42)	10	10
Praseodymium 143 (Pr 143)	10	10
Promethium 147 (Pm 147)	10	10
Radium 226 (Ra 226)	1	10
Rhenium 186 (Re 186)	10	10
Rhodium 105 (Rh 105)	10	10
Rubidium 86 (Rb 86)	10	10
Ruthenium 106-Rhodium 106 (Ru Rh 106)	1	10
Samarium 153 (Sm 153)	10	10
Scandium 46 (Sc 46)	1	10
Silver 105 (Ag 105)	1	10
Silver 111 (Ag 111)	10	10
Sodium 22 (Na 22)	10	10
Sodium 24 (Na 24)	10	10
Strontium 89 (Sr 89)	1	10
Strontium 90 - Yttrium 90 (Sr Y 90)	0.1	1
Sulfur 35 (S 35)	50	50

TABLE 1 (Cont'd.)

Element	Column 1 Not as a sealed source (Microcuries)	Column 2 Sealed source (Microcuries)
Tantalum 182 (Ta 182)	10	10
Technetium 96 (Tc 96)	1	10
Technetium 99 (Tc 99)	1	10
Tellurium 127 (Te 127)	10	10
Tellurium 129 (Te 129)	1	10
Thallium 204 (Tl 204)	50	50
Tin 113 (Sn 113)	10	10
Tungsten 181 (W 181)	10	100
Tungsten 185 (W 185)	10	10
Vanadium 48 (V 48)	1	10
Yttrium 90 (Y 90)	1	10
Yttrium 91 (Y 91)	1	10
Zinc 65 (Zn 65)	10	10
Natural Uranium	1,000	10,000
Natural Thorium	1,000	10,000

Regulation 3. Construction, maintenance and operation. Every radiation installation shall be constructed, maintained and operated in such a manner as not to create a hazard.

Note: As a general guide to compliance with Regulation 3, the recommendations of the National Committee on Radiation Protection, as published in Handbooks 42, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59 and 60 of the National Bureau of Standards, and such other recommendations as may be made by that Committee may be followed. The applicable regulations of the Interstate Commerce Commission, Civil Aeronautics Board, United States Coast Guard and United States Post Office may be used as a general guide to compliance with this regulation in relation to the proper storage and intra-state shipment of radioactive materials.

(Enacted June 7, 1955; amended September 28, 1956, effective January 1, 1957.)

Regulation 4. Maximum permissible doses. (a) The radiation exposure of a person or persons shall always be kept at the lowest practical level, in accordance with the current recommendations of the National

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Committee on Radiation Protection, as published in the handbooks of the National Bureau of Standards.

(b) When in a radiation installation, the source of radiation is outside the body, the maximum permissible dose under the conditions noted shall not exceed the following:

(1) Whole body, head and trunk, active blood forming organs, lens of the eye or gonads exposed to penetrating radiation (half-value layer greater than 1 mm of soft tissue). The maximum permissible dose, accumulated at any age, shall be 5 rems multiplied by the number of years beyond age 18, and the dose in any 13 consecutive weeks shall not exceed 3 rems. For exposure of the whole body to x-rays or gamma rays with an energy up to 3 million electron volts, these conditions may be assumed to be met if the "air dose" as measured in roentgens meets these conditions.

(2) Skin of whole body exposed to radiation of very low penetrating power (half-value layer less than 1 mm of soft tissue). The maximum permissible dose, accumulated at any age, shall be 10 rems multiplied by the number of years beyond age 18 and the dose in any 13 consecutive weeks shall not exceed 6 rems.

(3) Hands and forearms, feet and ankles exposed to any radiation. The maximum permissible dose shall be 75 rems per year, and the dose in any 13 consecutive weeks shall not exceed 25 rems.

(4) Accidental or emergency exposure to radiation. Accidental or emergency exposure of the whole body or parts thereof to x-rays or gamma rays with photon energy less than 3 million electron volts occurring only once in a lifetime of a person shall be assumed to have no effect on the radiation tolerance status of that person provided that the total exposure of the whole body or major portion thereof does not exceed 25 roentgens measured in air and provided also that the exposure to the hands, forearms, feet and ankles does not exceed 100 roentgens in addition to the whole body exposure.

Accidental or emergency exposure to radiation of other types and energies occurring once in a lifetime of a person shall be assumed to have no effect on the radiation tolerance status of the person provided that the total tissue doses resulting therefrom in the different tissues and organs of the body (expressed in rems) do not exceed numerically the respective tissue doses in rads resulting from exposure to x-rays with photon energy less than 3 million electron volts.

(c) When the source of radiation is radioactive materials within the body, the dose rates to the tissues of the body shall be controlled in a radiation installation by limiting the average rates at which

radioactive materials are taken into the body either by inhalation or by ingestion. The maximum permissible concentrations of radioactive material in air and water shall be in accordance with nationally recognized limits (National Bureau of Standards Handbook 69, "Maximum Permissible Body Burdens and Maximum permissible Concentrations of Radionuclides in Air and in Water for Occupational Exposure").

(d) The maximum permissible dose for any person shall include all doses, from all types and energies of radiation whether delivered simultaneously or successively, to the region of interest.

(e) The radiation or radioactive material outside a radiation installation shall be such that it is improbable that any individual will receive a dose of more than 0.5 rem in any one year from external radiation sources.

The average concentration of radioactive materials in air or water outside the installation where the air is commonly used by humans or at points of water supply (exclusive of treatment, if any) shall not exceed 1/10 of the recommended maximum permissible concentration for 168 hour week as set forth in the National Bureau of Standards Handbook 69, "Maximum Permissible Body Burdens and Maximum Permissible Concentrations of Radionuclides in Air and Water for Occupational Exposure". Concentrations above this value may be permitted for a short period provided the average concentration over any interval of one year does not exceed 1/10 the maximum permissible amount.

(f) Nothing in this regulation shall be construed to limit the kind and amount of radiation that a physician, dentist, or other licensed practitioner may intentionally apply to a person in diagnosis or treatment.

Note: The revised MPD standards are not intended to be applied retroactively to individuals exposed under previously accepted standards. It shall be assumed that a person accepting employment in radiation work has received his age-prorated dose up to that time unless (1) satisfactory records from prior radiation employment show the contrary, or (2) it can be satisfactorily demonstrated that he had not been employed in radiation work. This is not to imply that an individual may be expected to accept exposure routinely at radiation levels approaching the yearly maximum of 12 rems until reaching the age-prorated limit.

(Enacted June 7, 1955; amended September 28, 1956; October 26, 1956; renumbered March 22, 1957, amended May 24, 1960, effective September 1, 1960.)

Regulation 5. Supervision. Each radiation installation shall be operated by or under the direction of a person who is familiar with the potential radiation hazards of the installation.

The operator of a radiation installation shall be responsible for:

(a) Insuring beyond reasonable doubt that all persons working with radiation equipment or radioactive materials are properly and adequately instructed in the hazards associated with and the safe meth-

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ods of handling or operation and use of the radiation equipment or radioactive materials.

(b) Insuring beyond reasonable doubt that all persons working with radiation equipment or radioactive materials are properly and adequately instructed in the purpose and proper use of any protective and monitoring equipment provided. This shall also apply to visitors to areas under his control.

(c) Insuring beyond reasonable doubt, by means of radiation checks, that any space normally occupied by persons not primarily engaged in radiation or associated work is not subjected to radiation levels which would result in a person receiving a dose exceeding one-tenth the maximum permissible amounts indicated in Regulation 4(b); (1), (2), & (3) and 4(c) of this chapter.

(d) Controlling the discharge of radioactive wastes so that any person outside the installation is not subjected to radiation levels exceeding the maximum permissible levels as specified in Regulation 4 (e) of this chapter.

(Enacted June 7, 1955, amended September 28, 1956; May 24, 1960, effective September 1, 1960.)

Regulation 6. Personnel protection. The operator of a radiation installation shall provide personnel monitoring equipment, properly calibrated, for every individual who may possibly receive routinely, a radiation dose in excess of 50 millirems per week. Summary records shall be kept of all exposures indicated or recorded on personnel monitoring equipment and shall be filed by the operator:

(1) For the length of the employment of the exposed individual plus five years, or

(2) Until two years following the death of the exposed individual, or

(3) Until, upon application, specific instructions have been given by the state commissioner of health for the disposition of the records. These records shall be open to inspection by a duly authorized representative of the health officer and/or the state commissioner of health. The operator shall on request furnish any person with a summary statement of his radiation exposure record.

Personnel monitoring equipment shall be worn on the torso. If it is determined that the head and neck or extremities might receive exposures greater than the torso, personnel monitoring equipment shall be used on the body area most likely to be exposed.

Protective equipment such as interlocked tube screen, leaded rubber aprons and leaded rubber gloves, shall be available to and used by the operator of fluoroscopic equipment. Protective equipment shall be without defects.

Radiation shields, including protective windows or other visualization devices or their equivalent, which will provide protection for the person operating the equipment, shall be supplied for all radiographic equipment.

When it is known or believed that the exposure of an individual

exceeds any maximum permissible dose specified in Regulation 4 (b); (1), (2), and (3) of this chapter, the person shall be notified and all known facts relative to its occurrence shall be reported promptly to the health officer having jurisdiction and a copy of the report shall be put into that person's personnel file. Immediate corrective measures leading to the elimination of the recurrence or continuance of the over exposure shall be undertaken by the operator. (Enacted June 7, 1955, amended May 24, 1960, effective September 1, 1960.)

Regulation 7. Medical examinations. All persons in a radiation installation who might regularly ingest or inhale radioactive materials in concentrations exceeding one-quarter of the maximum permissible amounts specified in Regulation 4(c) shall be examined by a physician at least once a year to determine the presence of radioactive material in the body. Such examinations shall include, according to the physician's judgment, pertinent laboratory examinations such as urinalysis, expired air analysis or other laboratory tests or aids which will give data of value bearing on the person's state of health.

All persons in a radiation installation who might be exposed accidentally or under emergency conditions to external radiation exceeding the maximum outlined in Regulation 4 (b): (4) shall be examined by a physician for evidence of radiation injury or for any physical condition which would tend to pre-dispose to radiation injury. Such examination shall include, according to the physician's judgment, pertinent laboratory examinations, such as blood counts.

Records shall be kept of physical examinations and shall be filed by the operator:

(1) For the length of the employment of the exposed individual plus five years, or

(2) Until two years following the death of the exposed individual, or

(3) Until, upon application, specific instructions in writing have been given by the state commissioner of health for the disposition of records. (Enacted June 7, 1955, amended September 28, 1956, May 24, 1960, effective September 1, 1960.)

Regulation 8. Protection of patient. Filtration equivalent to at least a total of 2 millimeters of aluminum shall be used with all diagnostic X-ray equipment. In calculating total filtration, the inherent filtration of the X-ray tube, fluoroscopic panel, or any other material in the primary beam, may be taken into consideration.

Fluoroscopy equipment installed after September 1, 1955 shall not be operated for the examination of a patient unless an automatic timer is installed, so set and functioning as to interrupt the X-ray exposure at the end of four minutes' total exposure. The timer shall be so installed that the equipment may not be re-activated without re-setting

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the equipment controls.

Focal skin distance for all fluoroscopes shall be not less than twelve inches. The dosage rate at table top shall not exceed ten roentgens per minute.

Note: As a general guide to compliance with Regulation 8, recommendations of the National Committee on Radiation Protection as published in Handbook 60 of the National Bureau of Standards and such other recommendations as may be made by that Committee may be followed.

(Enacted June 7, 1955; amended September 28, 1956, May 24, 1960, effective September 1, 1960.)

Regulation 9. Disposal of radioactive wastes. Radioactive wastes discharged to the environment shall not be released in such manner that they will accumulate in the environment in concentrations that may lead to any person receiving a dose exceeding that specified in Regulation 4 (e) of this chapter. If several users are discharging wastes in such way that the radioactivities are additive, the state commissioner of health may establish the maximum discharge for each user so as not to exceed the limits as specified in Regulation 4 (e) of this chapter.

Radioactive wastes shall not be disposed of by dumping on the surface of the ground or by burial in the soil, except in areas specifically approved by the state commissioner of health. Controlled surface or subsurface storage in such a fashion that radioactive material cannot mix with the soil or enter the ground water shall not be considered disposal by dumping or burial.

Note: The contamination of soil resulting from the use of radioactive materials in plant, animal and similar studies shall not be considered as contamination by radioactive waste. It is recommended, however, that the health officer having jurisdiction be consulted prior to the initiation of such studies.

Section 1230 of the Public Health Law requires a permit from the Water Pollution Control Board for the making of any new outlet for the discharge of such wastes into the waters of the State.

(Enacted June 7, 1955, amended May 24, 1960, effective September 1, 1960.)

Regulation 10. Radiation instruments. Every operator of a radiation installation where radioactive materials, not in sealed sources, are present shall provide or have immediately available instruments suitable for detecting and measuring radiation and radioactive contamination. Such instruments shall be maintained in proper calibration. (Enacted June 7, 1955, effective September 1, 1955.)

Regulation 11. Handling of cadavers containing radioisotopes. The identification of a particular patient as radioactive shall be the responsibility of the physician in charge of the case or his designated representative. If such a patient dies in a hospital, the doctor who pronounces him dead shall notify the physician in charge of the case or his designated representative at once.

An autopsy shall not be commenced on a body that contains more than five millicuries of radioactivity without the consultation and advice of the radiation safety officer of the hospital or, if he is not

available, of the physician responsible for the administration of the radioactive material. If neither is available, their designated representative may serve.

Note: An official radiation safety officer is required by the Isotopes Division of the Atomic Energy Commission in institutions equipped for treatment with radioisotopes obtained from Atomic Energy Commission or secondary suppliers.

A radioactivity report on every cadaver containing more than 5 milluries of radioactivity shall be completed by the radiation safety officer or the physician responsible for the administration of the radioactive material or their designated representatives. This report shall accompany the body (whether autopsied or not) when it is surrendered to the funeral director. This report shall contain the following information:

(a) Name of hospital

(b) Name of deceased

(c) A statement, "This certifies that the remains of _____
_____ has been examined this date by _____
(person certifying)"

Radioactivity close to the surface of the body, as determined by _____ (is) (is not) below the rate of
(state instrument or method)

30 mr/hr that is acceptable for embalmers during their work. This maximum permissible dose per hour will not be exceeded, if rubber gloves are worn, and further precautions are observed as listed below."

(d) Statement of precautions to be taken

(e) Date

(f) Signature of Radiation Safety Officer or physician

(Enacted June 7, 1955, effective September 1, 1955.)

Note: As a general guide to compliance with Regulation 11, the recommendations of the National Committee on Radiation Protection, as published in Handbook 56 of the National Bureau of Standards, may be followed.

Regulation 12. Monitoring of radiation installations. It shall be the responsibility of the operator of a radiation installation to make certain that radiation checks or surveys of the installation are made as outlined below or as required by a duly authorized representative of the health officer and/or the state commissioner of health. Surveys shall be made by a radiation safety officer using appropriate properly calibrated monitoring equipment.

(a) Radiation Surveys

(1) After September 1, 1955 installations where radiation equipment is to be used, shall be surveyed when placed in operation or moved to another location.

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(2) After September 1, 1955 installations where radioactive materials are handled or installed, which will have any readily accessible area in which there is reasonable expectation that a radiation level will exist in excess of 10 millirems per hour within the confines of the installation, shall be surveyed prior to being placed in operation or when moved to another location.

(3) Surveys to evaluate radiation hazards as provided in (1) and (2) above are not required to be made on installations in operation prior to September 1, 1955 unless required by a duly authorized representative of the health officer and/or the state commissioner of health, or unless the installation is moved.

(4) Any installation, regardless of the date of initial operation, in which radioactive material is used or handled, which has any readily accessible area with a radiation level in excess of 10 millirems per hour within the confines of the installation or 100 millirems per week outside the confines of the installation, or any installation in which radiation equipment is used, shall be surveyed whenever any change is made in the installation or its use that might increase the radiation level to which a person could be exposed.

(5) When vibrations or other physical conditions exist in any installation wherein radiation equipment is used, which may cause changes in the protective features, surveys for radiation rates shall be made at least every six months or at more frequent intervals, if required by the health officer having jurisdiction.

(b) Radiation checks.

(1) Installations where radioactive material not contained in a sealed source is handled shall be checked at least once a month. Such checks shall be made more often if it is indicated by personnel monitoring equipment, surveys or other means that more frequent checks are necessary to limit radiation intensities or contamination below the permissible maximum. Regularly scheduled radiation monitoring of the air shall be required where there is any reasonable possibility that concentrations of radioactivity in inhaled air may exceed the amounts specified in Regulation 4(c) of this Chapter.

(2) Checks shall be made of all protective devices such as interlocks and timers at regular intervals and at intervals no longer than every six months.

Records shall be made of all radiation surveys and checks and shall be filed by the operator for:

(i) Five years following the date of the survey or

(ii) Until, upon application, specific instructions have been given by the state commissioner of health for the disposition of such records.

Records shall be open to inspection by a duly authorized representative of the health officer and/or the state commissioner of health. (Enacted June 7, 1955; amended September 28, 1956, effective January 1, 1957.)

Regulation 13. Therapy rooms. No person other than the patient and those who may be required to hold the patient, shall be allowed to remain within a therapy room during irradiation. No person who is habitually near radiation producing equipment or materials shall hold a patient during irradiation. The person holding the patient shall not be in the useful beam and shall be protected as much as practicable from scattered radiation.

Every entrance to an X-ray therapy room in which equipment is operated at a potential above 150 KV and every entrance to a teletherapy room shall be protected by interlocks so that no person can enter without turning off the radiation equipment or adequately shielding the radiation source. It shall be so arranged that irradiation equipment cannot be started again, or the radiation source unshielded again, without re-setting the controls.

In those therapy installations where a single technician is responsible for more than one therapy room, there shall be installed in addition to the interlocking controls, signals which are visible or audible from inside the therapy room. These signals shall be installed so that they will be activated whenever irradiation is proceeding. It shall be possible for a person to escape from a therapy room at all times.

It shall be possible for the person operating the controls of the therapeutic equipment to determine from the operating position what filters are in place in the equipment. (Enacted June 7, 1955; amended September 28, 1956, effective January 1, 1957.)

Regulation 14. Warning signs. (a) Standard Symbol. A standard symbol for designating any radiation hazard has been adopted and shall be as shown in Figure 1.

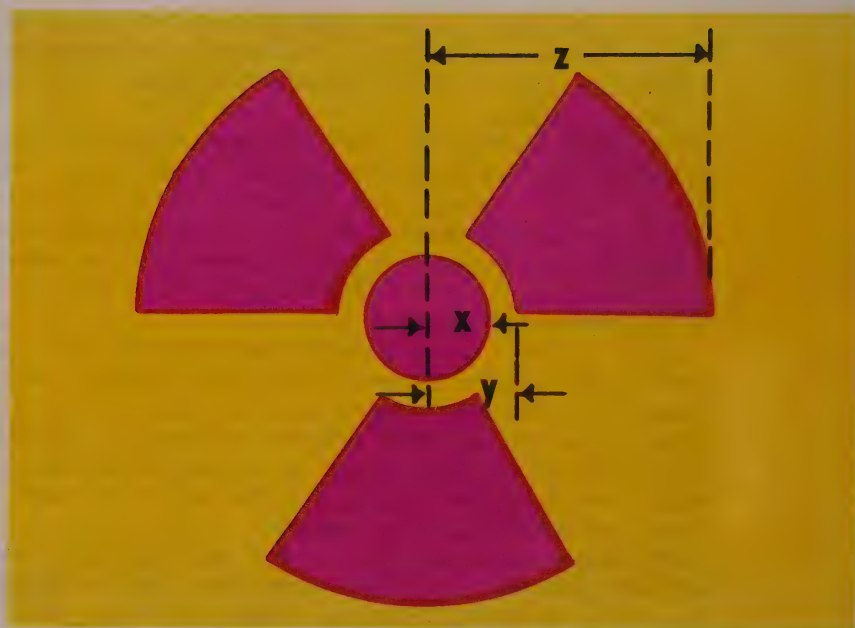


Figure 1

Standard Symbol for Designating a Radiation Hazard

The standard symbol shall have the following proportions:

x=radius of inner circle

y=radius of intermediate circle = $1\frac{1}{2}x$

z=radius of outer circle = $5x$

(b) Radiation Areas-The operator of a radiation installation shall post conspicuous warning signs to indicate the area where a radiation hazard exists. Such warning signs shall contain the standard symbol and the words "Danger" and "Radiation Area."

(c) Radiation Sources-The operator of a radiation installation shall label conspicuously all radioactive material as follows:

(1) Containers for sealed sources of external hazard only: a label containing the standard symbol and the words "Danger - Radiation." Where a time limit is specified, it shall be posted.

(2) Containers for storage or shipment of loose bulk or unsealed sources primarily of an internal hazard: A label containing the standard symbol and the words, "Danger - Radioactive Material."

(3) **Additional Precautions:** The printing of further precautions and instructions on the warning labels for radioactive materials shall not obscure the standard symbol and required precautionary words.

(d) **Removal of signs and labels-** All radiation labels or signs which may have been posted at a time when a radiation hazard existed shall be removed when there is no longer a need for such warning. (Enacted June 7, 1955, effective September 1, 1955.)

Regulation 15. Accounting for radioactive materials. The operator of a radiation installation shall maintain an accurate account of all radioactive materials in a radiation installation. Such records shall show amounts and form of the radioactive materials received, purpose for which used, amounts of wastes and such other information as may be necessary to account for the difference between the amount of radioactivity received and the amount on hand. Such records shall be open to inspection on request by the state commissioner of health and/or the health officer having jurisdiction, or their authorized representatives.

The state commissioner of health, or his authorized representative, upon application, may modify this accounting requirement under special circumstances. (Enacted June 7, 1955, effective September 1, 1955.)

Regulation 16. Radiation illness, injuries, emergencies, accidents. Accidents involving the serious overexposure of personnel; the discharge of radioactive wastes in a concentration above an acceptable limit; the spillage, loss or theft of radium, or other radioactive materials; fire; flood or other catastrophe affecting places using or storing radioactive materials; or other incidents, which will or are likely to expose people to hazardous quantities of radiation; whether it occurs at an installation as defined in this chapter or in any other place, shall be reported immediately by the person in charge by telephone or telegraph to the health officer having jurisdiction. Such reporting shall not relieve the operator of the responsibility for instituting and performing such corrective and preventive measures as are necessary to reduce the hazard. Following the receipt of notification, the health officer having jurisdiction shall investigate the incident promptly and determine that the operator has taken all necessary corrective and preventive measures.

For the purpose of this regulation, "the serious overexposure of personnel" shall mean the exposure of a person to a quantity of external radiation exceeding that specified in Regulation 4 (b): (4) of this chapter, or to a quantity of internal exposure which would result from the ingestion or inhalation of radioactive material in such quantities as to exceed 50 times the maximum permissible amount. (Handbook 69 National Bureau of Standards)

For the purpose of this regulation, "acceptable limit" shall mean

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that concentration of radioactive material which will not constitute a hazardous external or internal exposure to a person.

It shall be the duty of every physician to report in writing to the state department of health the full name, address and age of every patient who is suffering from radiation illness or injury from exposure to ionizing radiation.

Radiation received by a patient for therapy under the supervision of a physician or the effects of such radiation shall not come within the intent of this regulation. (Enacted June 7, 1955, amended May 4, 1960, effective September 1, 1960.)

Regulation 17. Electrical hazards. All x-ray equipment installed in a radiation installation after September 1, 1955, shall, where applicable, bear the seal of approval of the Underwriters' Laboratories, Inc., or shall be required to meet an equivalent safety standard. All equipment installed prior to September 1, 1955, if not bearing such seal, shall be altered to comply with the pertinent requirements of the standard of the National Board of Fire Underwriters' (The National Electrical Code) prior to September 1, 1956.

Certification by a duly constituted local authority that the installation is free of electrical hazards shall be acceptable. (Enacted June 7, 1955, effective September 1, 1955.)

Regulation 18. Vacated premises. Upon vacating any radiation installation handling radioactive materials, the operator shall decontaminate it, if necessary. If decontamination is not possible, the operator shall inform the owner and the health officer having jurisdiction. The owner shall inform the future occupants of any residual potential hazard. (Enacted June 7, 1955, effective September 1, 1955.)

Note: As a general guide to decontamination, the recommendations of the National Committee on Radiation Protection as published in Handbook 48 of the National Bureau of Standards may be followed.

Regulation 19. Limitations on application of radiation to humans. No person shall apply radiation to a human being unless such person is licensed or otherwise authorized to practice medicine, dentistry, podiatry or osteopathy under the provisions of the Education Law of the State of New York. Radiation shall be applied by a licensed or otherwise authorized person to only those parts of the human body specified in the law under which such person is licensed or authorized to diagnose and treat.

This regulation shall not prohibit the use of radiation by a technician, nurse or other person, if such use is directed or ordered by a person licensed or authorized to practice medicine, dentistry, podiatry or osteopathy under the provisions of the Education Law of the State of New York.

The sale, lease, transfer or loan of X-ray or fluoroscopic equipment or the supplies appertaining thereto, except to persons engaged in an occupation where such use is permitted, and except to hospitals, infirmaries, and medical and dental schools, institutions and clinics, is prohibited. However, this restriction shall not apply to persons intending to use such equipment and supplies solely for the application of radiation to other than human beings, nor to the acquisition of such equipment or supplies by wholesalers, distributors or retailers in the regular course of their trade or business. (Enacted June 7, 1955; amended February 20, 1957, effective January 1, 1958; action taken November 22, 1957 postponing effective date to July 1, 1958.

Regulation 20. Notification. The distributor, retailer or other agent who sells, leases, transfers or loans X-ray or fluoroscopic equipment, shall notify the state commissioner of health, at yearly intervals, the names and addresses of operators who have received such equipment, on a form prescribed by the state commissioner of health.

Note: This notification does not relieve the operator of the radiation installation of the responsibility to register such equipment as required under Regulation 2 but will serve to notify the state commissioner of health of new radiation installations.

(Enacted May 24, 1960, effective September 1, 1960.)

CHAPTER XVII

Possession, Sale and Distribution of Poliomyelitis Vaccine

Regulation 1. Possession or sale of poliomyelitis vaccine regulated. Poliomyelitis vaccine shall not be sold, offered for sale or possessed unless such vaccine complies with the requirements of the United States Public Health Service governing the manufacture, sale and distribution thereof.

Such possession or sale is restricted to the manufacturers of pharmaceuticals, their distributors and agents, wholesale drug and surgical supply dealers, pharmacists, hospitals, clinics and physicians.

The provisions hereof, restricting the possession of poliomyelitis vaccine, shall not apply:

(a) to common carriers or warehousemen, while engaged in lawfully transporting or storing such vaccine, or to any employee of the same while acting within the scope of his employment, or

(b) to public officers or their employees in the performance of their official duties requiring possession or control of such vaccine, or

(c) to any temporary or incidental possession by employees or agents of persons lawfully entitled to such possession, or by persons whose possession is for the purpose of aiding public officers in the performance of their official duties. (Enacted May 11, 1955, effective May 11, 1955.)

Regulation 2. Records to be kept by manufacturers and other distributors. All manufacturers, distributors, wholesale drug or surgical supply dealers shall separately maintain in their places of business records of all receipts, shipments and deliveries of such vaccine. Such records shall specify the manufacturer, amount and lot number of the vaccine contained in each shipment, the name and address of the consignee and the date of such shipment. Such records shall be made available to the State Department of Health, or its authorized representatives, for inspection upon demand. (Enacted May 11, 1955, effective May 11, 1955.)

Regulation 3. Records to be kept by pharmacists. Every pharmacist to or through whom such vaccine is shipped shall separately maintain in his place of business records as to the distribution thereof made by him. Such records shall specify the name of manufacturer, the amount and lot number of vaccine contained in any such distribution, the name and address of the person to whom delivered and the date thereof. Such records shall be made available to the State Department of Health, or its authorized representatives, for inspection upon demand. (Enacted May 11, 1955, effective May 11, 1955.)

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Regulation 4. Records to be kept by physicians, hospitals, clinics or other administering agencies. All physicians administering such vaccine, or the hospital, clinic or other institution wherein such vaccine is administered by physicians, shall keep records as to the amount of such vaccine so administered, the date of such administration, the name, age and address of the person to whom administered together with the name of the manufacturer and the lot number or control number of the vaccine so administered. Such records shall be separately maintained and shall be made available to the State Department of Health, or its authorized representatives, for inspection upon demand. (Enacted May 11, 1955, effective May 11, 1955.)

Regulation 5. Reports required of vaccine received from out-of-state sources. Any person, firm or corporation within the State of New York receiving any shipment of such vaccine from out-of-state distributors thereof, other than manufacturers, shall, within seventy-two hours after receiving the same, report in writing to the Department of Health, Albany, New York, the names and addresses of the manufacturer and the distributor, the amount and lot number of the shipment, and the date of receipt thereof. (Enacted May 11, 1955, effective May 11, 1955.)

Regulation 6. Reports confidential. The contents of any reports or records required herein shall not be revealed to anyone except state and federal health officials who require such information for the performance of their official duties. (Enacted May 11, 1955, effective May 11, 1955.)

CHAPTER XVIII

Chapter XVIII Regulation 1

Meat

Regulation 1. Definitions. When used in this chapter (a) the term "department" shall mean the department of health of the State of New York.

(b) The term "commissioner" shall mean the commissioner of health of the State of New York.

(c) The term "municipality" shall mean and include a county, part-county, city, town, village or consolidated health district or any subdivision or part of the State of New York lawfully established as a separate public health unit, or any county in which the board of supervisors has appointed or shall appoint a county public health committee.

(d) The term "health district" shall mean a municipality under the supervision of a board of health, or any county in which the board of supervisors has appointed or shall appoint a county public health committee.

(e) The term "board of health" shall mean and include the local board, department or commissioner of health, or other body or official of a municipality, by whatever title the same may be known, having the usual powers and duties of the board of health of a municipality, including a county public health committee appointed by the board of supervisors of a county.

(f) The term "inspecting agency" shall mean the local health district under whose authority the provisions of this chapter are administered.

(g) The term "meat inspector" shall mean an inspector employed by the inspecting agency and approved as to qualifications by the Public Health Council.

(h) The term "veterinarian" shall mean a public health veterinarian employed by the inspecting agency and approved as to qualifications by the Public Health Council.

(i) The term "establishment" shall mean any premises where animals are slaughtered or meat is boned or cut commercially for sale to the trade as food for human consumption.

(j) The term "person" shall mean individuals, partnerships, corporations and associations and every officer, agent or employee thereof.

(k) The term "inspection legend" shall mean a mark or a statement authorized by the provisions of this chapter, on a carcass, meat or meat by-product indicating the product has been inspected and passed.

(l) The term "meat label" shall mean a display of written, printed or graphic matter authorized by the provisions of this chapter on a container indicating the meat or meat by-products contained therein have been inspected and passed.

(m) The term "permit" shall mean the official approval of an establishment by the inspecting agency under the provisions of this chapter.

(n) The term "establishment number" shall mean an official number granted by the department to each establishment and included in the inspection legend and meat label to identify all inspected and passed carcasses, parts and packaged meat resulting from slaughter in that establishment.

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(o) The term "meat" shall mean the edible part of the muscle of cattle, calves, sheep, swine or goats which is skeletal or which is found in the tongue, in the diaphragm, in the heart or in the esophagus, with or without the accompanying or overlying fat, and the portions of bone, skin, nerve, and blood vessels which normally accompany the muscle tissue and which are not separated from it in the process of dressing. It does not include the muscle found in the lips, snout or ears. Any edible part of the carcass which has been manufactured, cured, smoked, processed or otherwise treated shall not be considered meat.

(p) The term "meat by-product" shall mean any edible part other than meat which has been derived from cattle, calves, sheep, swine or goats. This term shall apply only to those parts which have not been manufactured, cured, smoked, processed or otherwise treated.

(q) The term "meat food product" shall mean any article of food, or any article which enters into the composition of food for human consumption, which is derived or prepared in whole or in part from any portion of the carcass of any cattle, calves, sheep, swine or goats except such articles as organo-therapeutic substances, meat juices, meat extract and the like which are only for medicinal purposes and are advertised only to the medical profession.

(r) The term "animal" shall mean cattle, calves, sheep, swine or goat.

(s) The term "carcass" shall mean all parts, including viscera of a slaughtered animal, that are capable of being used for human food.

(t) The term "New York State Department of Health" or "N.Y.S. D.H." included in the inspection legend or meat label shall mean that the meat or meat by-products so marked have been produced under a program approved by the commissioner..

(u) The term "inspected and passed", or any authorized abbreviation thereof, included in the inspection legend shall mean that the meat or meat by-product has been found, upon inspection, to be sound, healthful, wholesome and fit for human food.

(v) The term "passed for refrigeration", or any authorized abbreviation thereof, shall mean that the carcass or part so marked shall be refrigerated in accordance with the provisions of this chapter.

(w) The term "passed for cooking", or any authorized abbreviation thereof, shall mean that the carcass or part so marked shall be cooked in accordance with the provisions of this chapter.

(x) The term "condemned", or any authorized abbreviation thereof, to follow the name of the inspecting agency, shall mean that the article so marked has been found on inspection to be unsound, unhealthful, unwholesome or otherwise unfit for human food and shall be disposed of in accordance with the provisions of this chapter.

(y) The term "inspected and retained", or any abbreviation thereof, to follow the name of the inspecting agency, shall mean the article so marked is being held for further examination by the meat inspector or veterinarian to determine its disposal.

(z) The term "suspect" shall mean an animal so marked is suspected of being affected with a disease or condition that may require its condemnation, in whole or in part, when slaughtered. (Enacted February 20, 1957, amended September 27, 1957 and January 31, 1958, effective February 1, 1958.)

Regulation 2. Administration, Organization and Scope of Inspection.

(a) This chapter, except for Regulation 12, shall apply only in those health districts whose meat inspection program has been approved by the commissioner. No health district shall have in effect a meat inspection ordinance which does not conform with this chapter.

(b) Any board of health of a county or part-county health district or of a city of 50,000 population or over, or public health committee of a county, may make application to the commissioner for approval of a meat inspection program operated in accordance with the provisions of this chapter. The commissioner may grant such approval when he is satisfied that the program meets the standards prescribed by this chapter.

(c) Except in county or part-county health districts, the board of health of a town, village, city of less than 50,000 population or consolidated health district, or public health committee of a county, may make application to the commissioner for approval of a meat inspection program operated in accordance with the provisions of this chapter. The commissioner may grant such approval when he is satisfied that the program meets the standards prescribed by this chapter.

(d) No person shall operate an establishment or sell, offer for sale or deliver meat or meat by-products to the trade for human consumption in any health district to which this chapter applies unless such meat or meat by-product shall have been produced or such establishment operated in accordance with the provisions of this chapter. Such meat or meat by-product shall bear the inspection legend prescribed in this chapter. Meat or meat by-products produced or processed in accordance with the regulations of the Meat Inspection Branch, Agricultural Research Service, United States Department of Agriculture and establishments having inspection thereunder or in plants under permit of the Department of Health of New York City are excepted from the foregoing requirements.

(e) Every establishment in which animals are slaughtered as food for human consumption and which is within the area of any health district operating a meat inspection program in accordance with the provisions of this chapter shall have inspection under these regulations. All cattle, calves, swine, sheep and goats entering an establishment shall have inspection as required by these regulations.

(f) Every person operating an establishment shall apply in writing to the inspecting agency for a permit. A permit shall be issued only to an establishment that conforms to the requirements of this chapter and is properly licensed by the New York State Department of Agriculture and Markets except that under exceptional circumstances a provisional permit may be assigned to an establishment that does not fully conform to the regulations of this chapter for a period not to exceed 90 days. Such provisional permit may be renewed not more than once for an additional period of not to exceed 90 days.

(g) Responsibility for the administration of inspection services shall be that of the local health officer or the county public health committee.

(h) Supervisory services by qualified veterinarians shall be provided by the department to coordinate the meat inspection program.

(i) Every person operating an establishment shall allow the inspecting agency or a duly authorized representative of the commissioner to

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make all examinations and inspections deemed necessary to carry out and enforce the provisions of this chapter. Properly authorized representatives of the inspecting agency or commissioner shall be allowed admission to the premises at all times.

(j) A permit may be suspended at any time by the inspecting agency or by the commissioner if there is a failure to comply with the provisions of this code. A permit may be revoked by the inspecting agency or by the commissioner after a hearing, upon due notice, before the inspecting agency or a duly appointed representative of the commissioner.

(k) Monthly reports of inspections at each establishment shall be forwarded to the commissioner by the 15th day of the following month by the inspecting agency. These reports shall be on a form provided by the department.

(l) The assessment of fees for inspection may be imposed by the inspecting agency. (Enacted February 20, 1957, amended September 27, 1957 and January 31, 1958, effective February 1, 1958.)

Regulation 3. Official Numbers and Legends. Each establishment granted a permit shall have an official number assigned to it by the commissioner, but only one number shall be issued to each establishment and no two establishments shall have the same number. Said number shall be included in the inspection legend and meat label to identify all meat and meat by-products prepared in the establishment. (Enacted February 20, 1957, effective July 1, 1957.)

Regulation 4. Inspection and Hours of Slaughter. (a) Ante-mortem and post-mortem examinations prescribed in this chapter and sanitation inspections pertaining to the sanitation of meat and meat by-products shall be conducted by a veterinarian or a meat inspector under the supervision of a veterinarian responsible to the local health officer or county public health committee.

(b) Hours of slaughter shall be those prescribed by the inspecting agency. All slaughter of animals shall be done within reasonable hours and with reasonable speed, the facilities of the establishment being considered. (Enacted February 20, 1957, amended January 31, 1958, effective February 1, 1958.)

Regulation 5. Facilities for Inspection. (a) The establishment shall provide adequate facilities for use by the meat inspector and veterinarian. Such facilities shall be rent free and shall include a suitable room for dressing, lockers and locked storage space for safekeeping of brands, marking devices and other equipment, the key to which shall be kept in the possession of the meat inspector or veterinarian.

(b) The following facilities and conditions essential to the efficient conduct of inspection and maintenance of sanitary conditions shall be provided by the establishment:

(1) Satisfactory pens and equipment for conducting ante-mortem inspection.

(2) Adequate lighting in rooms sufficiently free from steam and vapors.

(3) Adequately provided and maintained racks, receptacles, tables, trucks and other necessary equipment for the proper conduct of inspection and sanitary handling of meat and meat by-products.

(4) Watertight metal receptacles marked in a conspicuous manner, "condemned" in letters at least 2 inches high and of proportionate width for holding and handling diseased carcasses and parts.

(5) Adequate arrangements for cleaning and sterilizing equipment and premises following contamination by diseased carcasses.

(6) A suitable separate refrigerated locked room or compartment for the holding of "retained" carcasses and parts, the key to which shall be kept in the possession of the meat inspector or veterinarian.

(7) Adequate facilities for the proper disposal of condemned meat and waste material as required in Regulations 6(s) and 10.

(8) Adequate heat for all non-refrigerated rooms.

(Enacted February 20, 1957, effective July 1, 1957.)

Regulation 6. Sanitation. (a) Each establishment shall be so constructed and kept in such repair as to permit maintenance in a clean sanitary manner at all times.

(1) The floors, walls, ceilings, partitions, posts, doors and other structures shall be of such materials, construction and finish as will make them susceptible of being readily and thoroughly cleaned.

(2) Floors shall be watertight and of impervious material, sloped to efficient drain.

(3) The junction of floor and walls shall be coved to a radius of at least 2 inches.

(4) Rails shall be of sufficient height to prevent dressed carcasses from contacting the floor.

(5) Construction shall render the establishment resistant to the entrance of rodents, flies and other vermin. Any new construction shall be of such material and designs as to be inherently rodent proof.

(6) Window sills shall be sloped to a 45° angle.

(b) All establishments shall be adequately lighted and ventilated.

(c) An adequate potable water supply, both hot and cold, delivered under pressure to sufficient convenient outlets for washing carcasses and parts, walls, floor and equipment shall be available at all times during operation.

(1) Hot water shall be of such a temperature as to accomplish a thorough cleansing of premises and equipment.

(2) Water shall be delivered at a minimum of 30 lbs. pressure per square inch.

(3) The plumbing system and attachments thereto shall be so installed and equipped with air gaps, vacuum breakers and check valves as to protect every supply outlet or connection to a water supply fixture from back-flow into the water distribution system of the establishment.

(d) An ample supply of potable water at a temperature not less than 180°F. shall be furnished and used for the cleaning of inspection equipment and other equipment, floors and walls which are subject to contamination by the dressing or handling of diseased carcasses, their viscera or parts.

(e) All slaughtering and processing rooms shall be equipped with hand washing facilities of foot-pedal operation or equivalent devices and supplied with hot and cold running water, liquid soap and individual towels.

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(f) One or more toilet rooms shall be provided, shall be conveniently located, shall have self-closing doors, shall be properly ventilated and lighted, and shall be provided with hand washing facilities including hot and cold running water, liquid soap and individual towels. They shall be separate from rooms or compartments where edible products are prepared, stored or handled.

(g) Drains and gutters shall be properly installed with traps and vents in accordance with the State Building Construction Code, Section C502-4 and shall be connected to a sanitary sewer or acceptable disposal system. The discharge of water or packing house wastes must conform to the requirements of Article 12 of the Public Health Law.

(h) Toilet soil lines shall be separate from house drainage lines to a point outside the buildings, and drainage from toilet bowls and urinals shall not be discharged into a grease catch basin.

(i) Meat or meat by-products shall not be processed or stored directly beneath sewer lines, drain pipes or any system carrying sewage or waste unless such pipe lines are leak proof and properly protected by insulating material or other means.

(j) Refrigerated storage of adequate capacity shall be provided and maintained at a temperature not to exceed 40°F.

(k) Equipment and utensils used for handling meat or meat by-products shall be of such material and construction as will enable them to be easily and thoroughly cleaned. Such equipment and utensils shall be made of non-toxic material, shall be thoroughly cleaned immediately after each day's use, shall be properly stored and protected when not in use and shall be clean at the time of use. All shroud cloths shall be acceptably clean at time of use.

(l) All used tubs, barrels and boxes intended for use as containers of meat and meat by-products shall be thoroughly cleaned and sanitized before re-use. They shall be of such construction as to protect adequately from dirt, flies and other contamination.

(m) Meat and meat by-products shall be protected from contamination at all times during storage and transportation.

(n) Vehicles in which meat or meat by-products are transported shall be of closed body construction and maintained in a clean and sanitary manner. Refrigeration shall be provided when necessary.

(o) All employees shall be free of communicable diseases in compliance with Regulation 22, Chapter II of this code.

(p) No establishment shall have living quarters unless they are separated from inspected premises by floors, walls and ceilings of solid concrete, brick or other impervious material and without openings that communicate directly or indirectly with the inspected premises.

(q) The outer garments of employees shall be of washable material and clean.

(r) Dressing rooms shall be provided for use by employees of the establishment. Separate rooms shall be provided for men and women if both sexes are employed. The rooms shall be adequate in size, well lighted and well ventilated, and shall be separate from rooms where meat or meat by-products are handled or stored.

(s) All waste and offensive refuse shall be removed from the premises once every 24 hours if the establishment is operated continuously, or within 24 hours after use if the establishment is only used occasionally. Manure shall not be allowed to accumulate on the premises. All containers used for transportation of inedible or condemned material shall be of metal construction, watertight and in good repair, and shall be cleaned before they are returned to the establishment.

(t) Precautions shall be taken to exclude and eliminate flies, rats, mice and other vermin. The use of poisons or rat viruses for any purpose in rooms where any unpacked meat or meat by-products are stored or handled shall be forbidden. The use of harmful vaporized insecticides in rooms where meat is handled shall not be allowed.

(u) Animals shall be bled from an elevated position with no part contacting the floor.

(v) Animals dressed with hides on shall be thoroughly washed and cleaned before evisceration.

(w) Hides shall not be held on the killing floor nor stored in rooms or compartments used for edible products.

(x) Dogs and cats shall be excluded from establishments.

(Enacted February 20, 1957, effective July 1, 1957.)

Regulation 7. Ante-Mortem Inspection. A thorough ante-mortem inspection shall be made of all animals on the day of slaughter and shall be conducted by a veterinarian or by a meat inspector under the supervision of a veterinarian. The inspection shall separate all unfit animals and segregate for more thorough examination all animals suspected of being affected with a condition which might influence their disposition on post-mortem inspection.

(a) Every animal found to be unfit for food and for which there is no practicable treatment shall be condemned and tagged or otherwise identified immediately and shall be disposed of in accordance with regulations of this chapter. These may include:

(1) Animals affected with rabies, tetanus, blackleg, parturient paresis, "railroad sickness," anaplasmosis, piroplasmiasis, leptospirosis, listeriosis, hog cholera, anthrax, generalized edema, severe emaciation, acute swine erysipelas, septicemia and any other condition rendering animals moribund or comatose.

(2) Swine with temperatures exceeding 106° F., and cattle, sheep and goats with temperatures exceeding 105° F. except those included in (b) below.

(b) Animals unfit for slaughter but which in the opinion of the veterinarian may result in an edible carcass if treated or rested may be placed in isolation under the supervision of the veterinarian. This may include animals affected with anaplasmosis, leptospirosis, listeriosis, parturient paresis, "railroad sickness," some animals with high fevers, some downers and pregnant animals.

(c) Every animal suspected of being affected with any disease or condition that may cause its condemnation on post-mortem inspection shall be marked as a suspect and shall be slaughtered separately from other animals.

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(d) Every animal that has been condemned and that is not set apart for treatment, or that has not responded to treatment, shall be killed by the establishment personnel, if not already dead, and shall be tanked or disposed of under the supervision of the veterinarian.

(e) An animal which fails to pass ante-mortem inspection shall, under no circumstances, be released from the premises of the official establishment prior to slaughter except an animal which has been marked as a suspect on account of advanced pregnancy or on account of recently giving birth to young and which has not been exposed to infectious or contagious disease. (Enacted February 20, 1957, effective July 1, 1957.)

Regulation 8. Post-Mortem Inspection. A careful post-mortem inspection shall be made of all carcasses and parts of all animals at the time of slaughter by a veterinarian or by a meat inspector under the supervision of a veterinarian.

(a) The head, tongue, tail, thymus gland and all viscera and all parts and blood to be used in the preparation of meat food products shall be held in such a manner as to preserve their identity until post-mortem examination is completed.

(b) Each carcass, including all parts and organs thereof, in which any lesions of disease or other condition is found that might render the above unfit for food purposes, and which for that reason would require subsequent inspection shall be tagged "Inspected and Retained" until a final inspection and disposition is made.

(c) Each carcass or part which is found on final inspection to be unsafe, unhealthful, unwholesome or otherwise unfit for human food shall be conspicuously marked "Condemned" and disposed of in accordance with Regulation 10 of this chapter. Condemned parts and organs that cannot be so marked shall be placed in conspicuously marked receptacles.

(1) The entire carcass shall be condemned where an animal is affected with anaplasmosis, anthrax, bacillary hemoglobinuria in cattle, blackleg, hemorrhagic septicemia, icterohematuria in sheep, malignant epizootic catarrh, piroplasmosis, pyemia, septicemia, unhealed vaccine lesions (vaccinia), septic or purulent traumatic pericarditis and acute diffuse metritis or mammitis.

(2) The entire carcass shall be condemned where affected with generalized anasarca, excessive parasitism, emaciation, edema, malignant neoplasms, generalized melanosis, where there are signs of immaturity and where a urine or sexual odor remains after chilling.

(3) Carcasses of all swine affected with acute hog cholera, generalized erysipelas and polyarthritis where evidence of generalization exists shall be condemned.

(4) There may be condemnation of a part or organ where the animal is affected with localized arthritis, localized neoplasms, actinomycosis, actinobacillosis, parasitism, abscesses, bruises, abrasions and other conditions deemed by the meat inspector or veterinarian to be unhealthful, unwholesome or otherwise unfit for human food.

(5) The carcasses of animals affected with tuberculosis shall be disposed of as follows:

(i) Entire carcasses shall be condemned where there is a tuberculous or other cachexia; where the lesions are found in the muscles, bones or joints; where the lesions are found in body lymph glands as a result of draining the muscles, bones or joints; where the lesions are extensive in one or both body cavities, or when the lesions are multiple, acute and actively progressive.

(ii) An organ or part of a carcass shall be condemned when it contains lesions of tuberculosis; when a lesion is localized but immediately adjacent to the organ or part; when it has been contaminated with tuberculous material, or when an organ's corresponding lymph gland is tuberculous.

Heads showing lesions shall be condemned. Intestines and mesenteries shall be condemned if found to contain lesions of tuberculosis.

(iii) Carcasses may be passed for food when the lesions are slight, localized, and calcified or encapsulated, or limited to a single or several parts or organs of the body so that all organs and parts containing lesions may be removed and condemned, and there is no evidence of invasion of the systemic circulation by tubercle bacilli.

(iv) Carcasses that reveal lesions more numerous or more severe than described in paragraph iii for carcasses to be passed but not so severe or so numerous as the lesions described in paragraph i for carcasses to be condemned may be passed for rendering or cooking.

(d) Carcasses or parts that are passed for cooking shall be marked conspicuously and shall be cooked at a temperature not lower than 170°F. for a period not less than 30 minutes under the supervision of a meat inspector or veterinarian. Carcasses or parts may be passed for cooking in some cases of caseous lymphadenitis, cysticercus bovis infestation in cattle where there is slight or moderate infestation, slight to moderate infestation of swine with cysticercus cellulosae, slight to moderate infestation of sheep with cysticercus ovis, in some cases of telangiectatic livers and in some cases of tuberculosis.

(e) Carcasses or parts which are passed for refrigeration shall be tagged conspicuously and shall be refrigerated at a temperature not higher than 15°F. for a period of not less than 10 days, except if the meat is boned and placed in containers it shall be held at a temperature not higher than 15°F. for a period of not less than 20 days. Carcasses and parts may be passed for refrigeration in the case of slight to moderate infestation of cysticercus bovis in cattle.

(f) The routine post-mortem examination of cattle shall consist of at least the following procedures:

(1) Examination of the incised mandibular, suprapharyngeal and parotid lymph nodes.

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(2) Examination of the two layers of the incised masseter muscles. Examination and palpation of the tongue.

(3) Examination of the incised mediastinal and bronchial lymph nodes of both sides. Palpation of the lungs.

(4) Incision of the heart so as to expose completely its internal surfaces. Careful examination of all surfaces of that organ.

(5) Examination of the incised hepatic lymph nodes, opening of the bile duct longitudinally and palpation of the liver.

(6) Examination of the spleen.

(7) Examination of the exposed surfaces of the carcass and linings of the thoracic, abdominal and pelvic cavities.

(g) The routine post-mortem examination of calves shall consist of at least the following procedures:

(1) Examination of the incised supratharyngeal lymph nodes.

(2) Examination of the external surface of the heart.

(3) Palpation of the mediastinal and bronchial lymph nodes of both sides and palpation of the lungs. These glands shall be incised when deemed necessary.

(4) Palpation of the hepatic lymph nodes and the liver.

(5) Examination of the spleen.

(6) Examination of the exposed surfaces of the carcass and the linings of the thoracic, abdominal and pelvic cavities.

(h) The routine post-mortem examination of goats and sheep shall consist of at least the following procedures:

(1) Examination of the external surface of the heart.

(2) Palpation of the mediastinal and bronchial lymph nodes and palpation of the lungs.

(3) Examination and palpation of the liver. Opening of the bile duct transversely.

(4) Examination of the spleen.

(5) Examination of the exposed surfaces of the carcass and the linings of the thoracic, abdominal and pelvic cavities. Palpation of the prefemoral, superficial, inguinal and prescapular lymph nodes.

(i) The routine post-mortem examination of swine shall consist of at least the following procedures:

(1) Examination of the incised mandibular lymph nodes.

(2) Palpation of the mediastinal and bronchial lymph nodes of both sides and palpation of the lungs.

(3) Examination of the external surface of the heart.

(4) Examination of the liver and palpation of the hepatic lymph nodes.

(5) Examination of the spleen.

(6) Palpation of the mesenteric lymph nodes and incision of all suspicious nodules.

(7) Examination of the exposed surfaces of the carcass, the joints and the lining of the thoracic, abdominal and pelvic cavities.

(j) If it is necessary for humane reasons to slaughter an injured animal at night or on Sunday or a holiday when the meat inspector or veterinarian cannot be obtained, the carcass and all parts shall be kept for inspection, with the head and all viscera except the stomach, bladder and intestines held by the natural attachments. If all parts are not so kept for inspection, the carcass shall be condemned. If, on

inspection of a carcass slaughtered in the absence of an inspector, any lesion or condition is found indicating that the animal was sick or diseased, or if evidence is lacking of the condition that rendered emergency slaughter necessary, the carcass shall be condemned. (Enacted February 20, 1957, effective July 1, 1957.)

Regulation 9. Marking and Branding. (a) The official inspection legend shall be of the form and size prescribed by the commissioner and registered with the Secretary of State and shall bear the designation of the inspecting agency, an official establishment number and "N.Y.S.D.H."

(b) The official meat label shall be of a form and size prescribed by the commissioner.

(c) Each establishment shall furnish all ink for marking meat and meat by-products. Only purple ink made of harmless ingredients and acceptable to the inspecting agency shall be used to apply the inspection legend to carcasses and fresh meat cuts derived therefrom.

(d) One complete set of branding and marking devices shall be furnished by the inspecting agency and be of a design as provided for in this chapter. All additional branding and marking devices and replacements shall be provided by the establishment but procured from the inspecting agency.

(e) No person shall fix, place or cause to be affixed or placed the inspection legend or any copy or facsimile thereof to any carcass or part except in the presence of the meat inspector or veterinarian.

(f) Each carcass that has been inspected and passed shall be marked at the time of inspection with the inspection legend.

(g) Each primal part of a carcass shall be marked and each liver, beef heart and beef tongue that has been inspected and passed shall be branded with the official inspection legend before it leaves the establishment.

(h) Meat that has been boned out, cut from primal parts or otherwise changed so that the inspection legend is no longer plainly visible and meat by-products that are too small to be marked with the inspection legend shall be packed in closed containers to which shall be affixed the meat label indicating the meat or meat by-product contained therein has been inspected and passed. Upon removal of the products from containers bearing such label, the label shall be defaced to prevent its reissue. (Enacted February 20, 1957, effective July 1, 1957.)

Regulation 10. Tanking and Denaturing. All condemned carcasses, meat and meat by-products shall be either tanked where such facilities exist, or slashed and denatured under the supervision of the meat inspector or veterinarian. Denaturing material of a type acceptable to the inspecting agency shall be furnished by the establishment. (Enacted February 20, 1957, effective July 1, 1957.)

Regulation 11. Admittance of meat and meat by-products to an establishment. No meat or meat by-product shall be brought into an establishment unless it is so marked as having been previously in-

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spected and passed or otherwise approved under the provisions of this chapter, or under the regulations of the Meat Inspection Branch, Agricultural Research Service, United States Department of Agriculture, or marked with a meat label of a plant under permit of the Department of Health of the City of New York. Such meat or meat by-product shall also be sound, wholesome, healthful and fit for human food. No horse flesh may be brought into an establishment having inspection under the provisions of this chapter. (Enacted February 20, 1957, effective July 1, 1957.)

Regulation 12. Right of condemnation. Any animal, carcass, primal part, meat, meat by-product or food product found or offered for sale which is found to be unwholesome, unsound or otherwise unfit for human food shall be condemned and disposed of under the supervision of the health officer or his authorized representative in such manner as will protect the health of the people. (Enacted February 20, 1957, amended September 27, 1957, effective October 1, 1957.)

WHEN EFFECTIVE

When effective. This Code, as hereby amended on December 15, 1944, shall take effect on January 1, 1945 except that regulation 36 of Chapter III thereof shall take effect on April 1, 1945. None of the provisions of said Code as existing prior to said date are repealed and this amendment thereof shall not affect or impair any act done, offense committed or right accruing, accrued or acquired, or liability, penalty, forfeiture or punishment incurred prior to said date, but the same may be enjoyed, asserted, enforced, prosecuted or inflicted, as fully and to the same extent as if this Code had not been hereby amended. The provisions of this Code, as hereby amended, which are identical or substantially identical with the provisions thereof as existing prior to the effective date of this amendment shall be construed as a continuation of such provisions, modified or amended according to the language employed, and not as new enactments. (Enacted December 15, 1944, effective January 1, 1945.)

Administrative Rules and Regulations

of the

DEPARTMENT OF HEALTH

of the

STATE OF NEW YORK

TITLE I

THE DELAYED REGISTRATION OF AN UNRECORDED BIRTH

Rules Promulgated Pursuant to Authority Vested in the State Commissioner of Health
by Section 391 of Article XX of the Public Health Law

(Adopted September 25, 1943, amended December 26, 1951 and May 4, 1954, effective
May 4, 1954)

Rule 1. Definitions: (a) Delayed registration of birth is the registration of a birth one year or more after its occurrence.

(b) A supporting affidavit is a sworn statement substantiating the facts entered on the birth certificate.

(c) A written record is one which confirms the facts entered on the birth certificate.

Rule 2. Official certification that record of birth is not on file required. Each application for the delayed registration on an unrecorded birth shall be accompanied by a statement issued either by the local registrar of the community where the birth is believed to have occurred or by the State Department of Health to the effect that a search of the records has been made and that no record bearing the name of the person whose birth is to be recorded was found.

Rule 3. Certificate made by attendant at birth. If the physician or midwife who attended the birth is alive and can be located, the certificate shall be made by such physician or midwife.

Rule 4. Certificate made by parent. If the physician or midwife who attended the birth has died or cannot be located, or if the birth was not attended professionally, the certificate of birth shall be made by one of the parents.

Rule 5. Making of the certificate of birth in all other cases. If the physician or midwife who attended the birth has died or cannot be located and if neither of the parents can be conveniently reached or if both parents have died, the following procedure should apply:

(a) If the person whose birth it is desired to register is under 18 years of age, the certificate shall be made by the guardian of such person.

(b) If the person whose birth it is desired to register is 18 years of age or over, the certificate shall be made by that person.

Rule 6. Proof required in support of application for delayed registration of an unrecorded birth. The following supporting proof, or such proof as may in the opinion of the Commissioner be considered the equivalent thereof, shall be submitted by an applicant for delayed registration of birth:

(a) If the person whose birth it is desired to register is under 12 years of age, the supporting proof shall consist of one document, such as a hospital record of the birth, a baptismal certificate, a church or synagogue record, a school entrance certificate, or a census record, provided that such document shows the name of the person whose birth is to be registered, the date of birth, place of birth and the names of the parents. In the event that such document is not available, the supporting proof may consist of an affidavit by a competent person who has personal knowledge of the date and place of birth and the names of the parents of the person whose birth it is desired to record. If the certificate of birth submitted for delayed registration is signed by a parent, and an affidavit is submitted as supporting proof, such affidavit shall be made by some person outside the immediate family of the person whose birth it is desired to register.

(b) If the person whose birth it is desired to register is over 12 but under 18 years of age, the application for such delayed registration shall be supported by two written records or certified copies thereof, other than affidavits, made at least five years prior to the date of application, showing the name, date, and place of birth and the names of the parents of such person.

(c) If the person whose birth it is desired to register is 18 years of age or over, and if the certificate of birth submitted for delayed registration is signed by one of the parents, the application shall be supported by two written records or certified copies thereof, as follows:

(1) At least one of these records shall show the name, date of birth, place of birth and names of the parents of such person, which record shall have been originally made when the person was a minor upon information furnished by a person other than the person whose birth it is desired to register; and,

(2) The other written record, not an affidavit, shall have been made at least five years prior to the date of application and shall show the name, the place of birth, the date of birth, and the names of the parents of such person.

(d) If the person whose birth it is desired to register is 18 years of age or over, and if the certificate of birth submitted for delayed registration is signed by such person, the application shall be supported by three written records, or certified copies thereof, as follows:

(1) At least one written record shall show the name, date of birth, place of birth and names of the parents of such person, which record shall have been originally made when the person was a minor upon information furnished by a person other than the person whose birth it is desired to register; and,

(2) The other two written records shall have been made at least five years prior to the date of application and shall show the name, the place of birth, the date of birth, and the names of the parents of such person; only one of these may be an affidavit by a competent person who was old enough at the time the birth occurred to have personal knowledge of the date and place of birth and the names of the parents.

TITLE II

STATE AID TO COUNTIES AND CITIES FOR BLOOD BANKS

Rules Promulgated by the Commissioner of Health Pursuant to Sections 609 and 3100 of the Public Health Law

(Adopted December 12, 1947)

1. Application for State Aid. An application shall be filed with the state department of health before December 1 of each year. The application shall contain a detailed budget of proposed expenditures and a complete statement covering the plan to be followed by the institution, hospital or municipality. It shall specify the area to be served by the bank, which area may subsequently be revised by the applicant if approved by the state department of health.

2. Approval of Plan. Each application shall be reviewed by the state department of health and if approved, the necessary funds shall be included in the department's annual state aid budget. The application may be approved in whole or in part and funds requested may be reduced as a result of changes which may be made by the state department of health.

3. Boards of Managers. The governing body of the municipality shall appoint a board of managers for the blood bank which shall consist of five members, two of whom shall be physicians duly licensed to practice in the State of New York. The members of such board shall first be appointed so that the term of one member shall expire within one year from the first day of January of the year in which he shall have been appointed, the term of another member shall expire within two years of the first day of January of the year in which he shall have been appointed, the term of another member shall expire within three years of the first day of January of the year in which he shall have been appointed, the term of another member shall expire within four years of the first day of January of the year in which he shall have been appointed, and the term of another member shall expire within five years of the first day of January of the year in which he shall have been appointed. Thereafter the terms of membership shall be made for five years from the first day of January of the year in which the appointment is made. The county medical society may present to the municipality a list of physicians residing in the county from which the governing body may choose the medical members of the board of managers. The board of managers shall appoint the director. The board of managers shall elect a president, to preside over the meetings of the board, and such other officers as it deems necessary.

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Title II, Rules 3, 4, 5, 6

The board of managers shall hold a meeting at least four times in each year, and at such other times as it may deem necessary and each member attending meetings shall receive his actual and necessary expenses incident thereto, to be audited in the same manner as other expenses of the municipality and, if approved shall be paid in the same manner as other expenses of the blood bank. Whenever a blood bank is operated in a laboratory receiving state aid, the board of managers of said laboratory shall be the board of managers of the blood bank and state aid will be approved for such blood bank conducted by a laboratory in addition to the state aid approved for the laboratory itself.

4. Qualifications of Director. The qualifications of the director of the blood bank shall be those specified in the Sanitary Code for a director of laboratories.

5. Duties of Director. The director of the blood bank shall:

- a. Equip the bank with all necessary furniture, equipment and necessary supplies for the conduct thereof within the limits of the appropriations therefor and as approved by the board of managers.
- b. Have general supervision and control over all internal affairs.
- c. Appoint, and for legal cause remove, employees of the bank.
- d. Cause to be maintained proper accounts and records of the affairs and operation of the bank.
- e. Certify all bills and accounts, including salaries and wages, and transmit them to the governing body of the agency making the application for state aid.

6. State Aid; Limits. Where a blood bank as above provided has been approved by the state commissioner of health, state aid shall be provided within the limitations prescribed by the Public Health Law for laboratories.

The approval for initial installation and equipment shall include only such expenditures as may be required and approved for such purposes during the first and second years of operation of the blood bank.

TITLE III

THE HANDLING OF BODIES OF PERSONS DYING ON COMMON CARRIERS

Rules Promulgated Pursuant to Authority Vested in the State Commissioner of Health
by Sections 4143 and 4144 of the Public Health Law

(Adopted July 5, 1932)

Rule 1. A special stop may be made by a common carrier for the purpose of removing a body, but in any event, it shall be removed at the first regular stop where an attendant is on duty and where there are known to be facilities for handling the corpse.

Rule 2. A physician accompanying a person who dies on a common carrier or a physician who is traveling on the same carrier who is called to give medical aid may certify to the cause of death and sign the certificate as the physician last in attendance on the deceased. If death occurs without medical attendance, the health officer of the district in which the body is removed shall be notified and shall certify to the cause of death and sign the certificate provided that if the health officer has reason to believe that the death may have been due to unlawful act or neglect, he shall refer the case to the coroner or other proper officer of his district for investigation and certification and this officer shall make out and sign the medical portion of the certificate of death.

Rule 3. The name of the registration district in which a body is removed from a common carrier shall be entered on the certificate of death as the place of death.

Rule 4. Upon receipt of a certificate of death which shall be filed by the undertaker engaged, or the person in charge of the body, the registrar of vital statistics of the district in which the body has been removed from a common carrier, shall issue a burial or transit permit.

TITLE IV

PRACTICE OF EMBALMING AND UNDERTAKING

Rules Promulgated Pursuant to Authority Vested in the State Commissioner of Health
by Section 291 of Article XIV of the Public Health Law

(Adopted April 18, 1933; amended August 17, 1934, June 15, 1936, March 1, 1937,
April 21, 1941, June 19, 1941, February 27, 1942 and July 15, 1944)

The above mentioned rules as last amended are hereby re-amended to read as below. All former provisions not included in this amendment are hereby repealed.

The provisions of Rules V-b, V-c and V-d shall apply only to advertising accepted and approved prior to April 7, 1944.

Rule II. Preliminary Training and Experience

Embalming:

(a) A person who has served satisfactorily and practically continuously as an employee under the immediate direction of a licensed embalmer for a period of not less than two years and during such employment has embalmed or assisted in the embalming of not less than fifty bodies may be deemed to have served an apprenticeship of two years.

(b) A person who has successfully completed a course of not less than six or nine months in a recognized school of embalming, and in addition thereto has served a satisfactory apprenticeship of at least fifteen or twelve months respectively, working under the immediate direction of a licensed embalmer, such apprenticeship and school training to have included the embalming or assisting in embalming of at least fifty bodies, of which not less than thirty cases must be covered by the apprentice outside of the school course and school period, shall be deemed to have acquired both necessary training and experience in embalming.

(bb) On and after May 1, 1938, no apprenticeship for embalming shall be accepted unless the service is rendered under the immediate direction of a New York state licensed embalmer practicing in the state of New York. This shall not apply, however, to apprentices whose applications for registration of apprenticeship have been accepted and approved prior to May 1, 1938.

Undertaking:

(c) A person who has actually served for a period of not less than one year as an employee of a licensed undertaker and in such employ has materially assisted in making arrangements for and conducting not less than fifty funerals, shall be deemed to have served an apprenticeship for one year in undertaking.

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Title IV, Rules II, V-b, V-c, V-d

(d) A person who has successfully completed a course of not less than six months in a recognized school of embalming, including in its curriculum the subjects of mortuary jurisprudence and funeral management, and in addition thereto has served a satisfactory apprenticeship of at least six months, working under the immediate direction of a licensed undertaker, such apprenticeship and school training to have included material assistance in making arrangements for and conducting not less than fifty funerals of which not less than thirty bodies must be covered by the apprentice outside of the school course and school period, shall be deemed to have acquired "necessary training and experience in undertaking."

(dd) On and after May 1, 1938, no apprenticeship for undertaking shall be accepted unless the service is rendered under the immediate direction of a New York State licensed undertaker practicing in the state of New York. This shall not apply, however, to apprentices whose applications for registration of apprenticeship have been accepted and approved prior to May 1, 1938.

Advertising

Rule V-b. After September 1, 1937, the name of a living person not licensed to practice undertaking or embalming shall not be used or appear in any place or manner, alone, in, as part of, or in connection or together with the name of any person, firm, corporation or other form of enterprise engaged in embalming or undertaking or maintaining a mortuary, funeral home, or other similar establishment and/or using in connection with their name and business, the words, funeral director, mortician, undertaker, embalmer or any other title or words of similar meaning and/or import unless in connection with such name there shall appear prominently the words "not licensed" or "unlicensed." This rule shall not be construed as prohibiting, in individual instances, the use of a name under conditions and in a manner approved or accepted by the department of health prior to such date.

Rule V-c. After May 1, 1938, the name of the unlicensed person or persons wherever used or shown shall not be larger than the name or names of the licensed persons, partnership or corporate name. The words "not licensed" or "unlicensed" which shall always follow the name of any unlicensed person intended to be so described, shall be the same type style, in type size at least three-quarters as large as the name of the unlicensed person or persons, and on signs not less than one and one-half inches in height.

Rule V-d. Notwithstanding the provisions of rule V-b and rule V-c, the surname or complete name of a living person not licensed shall not be used or appear in connection or together with the name of any firm or corporation organized or established after July 1, 1941 to en-

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Title IV, Rule V-d

gage in the business of undertaking, unless there shall appear prominently, as provided in rule V-c after such name the words "not licensed, not practising and not entitled to practice." The foregoing shall apply to firms or corporations established and registered prior to July 1, 1941, only if and when there is a reorganization or change in personnel involving a change in the name or title of such enterprise or place of business.

TITLE V

PRACTICE OF FUNERAL DIRECTING

Rules Promulgated by the Commissioner of Health Pursuant to Section 3401 of the Public Health Law

(Adopted July 15, 1944; amended October 4, 1946, September 1, 1947, March 20, 1950, July 27, 1950, March 10, 1952, March 20, 1952, October 29, 1952, November 1, 1952, December 1, 1952, April 21, 1953, July 6, 1953, October 8, 1953, January 8, 1954, April 13, 1954, June 25, 1954, August 10, 1954, April 27, 1955, November 7, 1955, April 10, 1956, October 30, 1956, November 5, 1956, July 30, 1957, September 4, 1958, April 13, 1959, November 2, 1959, January 7, 1960, and August 29, 1960, to be effective on and after September 1, 1960.)

Rule 1. Tests prescribed by the commissioner for signs of death. The embalmer or funeral director, before proceeding either to embalm, remove, cremate or bury the body, shall determine that life is extinct by ascertaining that—

- a. Pulsation has ceased in the radial or other arteries.
- b. Heart and respiratory sounds are not heard with the use of a stethoscope or with the ear applied directly over the heart.

Rule 2. Examinations. a. Examinations for funeral director license shall consist of a written examination which may include the following subjects:

- (1) The law
- (2) The state sanitary code
- (3) Rules and regulations of the commissioner
- (4) Tests for death
- (5) Hygiene and sanitary science
- (6) Disinfection
- (7) Mortuary law
- (8) Pathology
- (9) Bacteriology
- (10) Anatomy
- (11) Applied chemistry
- (12) Practical embalming
- (13) Restorative art
- (14) Funeral management
- (15) Care and preparation of the human dead for final disposition
- (16) Ethics
- (17) Accounting
- (18) Psychology
- (19) Business English
- (20) Speech

b. Every candidate for a funeral director license shall pass such an examination with a grade of not less than seventy-five per cent.

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Title V, Rule 2

c. At least ten days prior to such written examination, every candidate shall present himself at a time and place designated by the department of health for a practical examination and for oral interview as to his qualifications for admittance to the written examination. No candidate shall be permitted to take the written examination until after he has passed the practical examination with a grade of not less than seventy-five per cent.

d. A candidate for examination shall submit with his application two affidavits executed by individuals engaged in either business or professional work who can certify to the good moral character of the applicant.

e. (1) An applicant for examination who has been convicted of a felony by any court in this state or by any court of the United States or by any court of any other state of the United States, or of any crime which such applicant shall have been convicted by any court of the United States or of any other state which is not a felony in the jurisdiction in which the conviction is had, but is a felony in the state of New York, shall not be admitted to, or permitted to take the written examination for funeral director license, unless he shall first submit to and file with the department a certificate of good conduct granted by the board of parole pursuant to the provisions of the executive law, or in the case of a conviction in any jurisdiction wherein the laws do not provide for the issuance of a certificate of good conduct, an equivalent written statement or document.

(2) An applicant for examination who has been convicted of a misdemeanor shall not be admitted to, or permitted to take the written examination for funeral director license unless he shall first submit to and file with the department a certificate or letter of good conduct from the proper parole, probation, court or police authorities wherein such conviction was had.

Such letter or certificate shall set forth the nature of the crime, date of conviction, the name and location of the court, the nature of the sentence, and/or other disposition of the case.

If such certificate or letter of good conduct is unattainable by the applicant, the department may accept, in lieu thereof, not less than two affidavits executed by individuals engaged in either business or professional work, acquainted with the applicant and attesting to the applicant's moral conduct and character within the previous two years.

(f) A candidate who does not receive a passing grade on his licensing examination within five years after completing his training shall requalify under the then current Laws and Rules and Regulations.

(g) All candidates who were qualified on or before November 1, 1959, for admission to the licensing examination shall satisfactorily complete such examination before December 31, 1963. Thereafter, such candidates shall be required to requalify under the then current Laws and Rules and Regulations before again being admitted to a licensing examination.

Rule 3. Practical training and experience. a. Every candidate for a funeral director license, upon entering employment as a funeral director trainee for the purpose of obtaining practical training and experience as required by the provisions of the Public Health Law, shall register with the Department within two weeks from the date of the beginning of such employment on a form prescribed by the Department.

b. No application for registration of a funeral director trainee shall be approved unless such application is accompanied by the following:

(1) A qualifying certificate issued by the New York State Department of Education certifying that the applicant has acquired and met the educational requirements prescribed in the Public Health Law prior to the time that such applicant began his practical training and experience.

(2) A birth certificate or a satisfactory baptismal or census record or naturalization papers as proof of age.

(3) Evidence satisfactory to the Department that such applicant is a citizen of the United States at the time of filing such application.

(4) Evidence satisfactory to the department that such applicant is of good moral character by submitting with his application two affidavits executed by individuals engaged in either business or professional work, who can certify to the good moral character of the applicant, unless such certification has previously been submitted pursuant to Rule 4. g. (1).

(5) The registration fee required by the Public Health Law.

c. An application for registration of a funeral director trainee shall not be approved unless the funeral director-employer submits evidence satisfactory to the Department in respect to each of the following:

(1) That during the twelve months immediately preceding the date of beginning of the proposed training period of the applicant, the funeral establishment in which the trainee is to be employed has had, and has serviced or handled at least 50 cases directly for, and pursuant to engagement by the respective families or friends of the decedent, exclusive of cases of stillborn children, and exclusive of cases serviced or handled for and on behalf of, or in conjunction with other funeral firms;

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Title V, Rule 3

(2) That the funeral director-employer maintains and will continue to maintain case records of all deaths including and indicating those cases serviced or handled for other funeral directors and specifying each death by the name of the deceased, date of death, place of death, manner of disposition, name of trainee, name of supervising funeral director or undertaker and embalmer;

(3) That the funeral establishment in which the trainee is to be employed maintains adequate facilities for embalming as required by the Department pursuant to its Rules and Regulations.

(4) That the employer employs at the establishment in which the practical training and experience is to be furnished to the trainee, a full-time, steadily employed New York State licensed and registered funeral director or undertaker and embalmer who will supervise, instruct and otherwise train the said trainee during the hours of his employment; or that, in the case of a funeral director-employer who does not employ such full-time funeral director or undertaker and embalmer that he personally performs all funeral directing and embalming services and activities and will personally supervise and instruct and otherwise train such applicant.

d. Practical training and experience shall be considered of a grade and character satisfactory to this Department if evidence satisfactory to the Department is submitted by the trainee and certified to by the supervising funeral director or undertaker and embalmer that the following requirements have been met:

(1) That the trainee has served for not less than the period required by law and that during such period, if one year of training is required, he has assisted with fifty cases serviced by his employer directly for the family or friends of the deceased and not for some other funeral firm, or if a two-year training period is required, he has assisted with one hundred cases serviced by his employer directly for the family or friends of the deceased and not for some other funeral firm;

(2) That such practical training and experience shall have been obtained under the personal and immediate supervision, direction and control of a licensed and registered funeral director or undertaker and embalmer who is steadily employed as a full-time employee at the establishment in which the trainee is in training. A trade embalmer or a funeral director, undertaker or embalmer, who is not a full-time steady employee of such establishment or who serves any other employer or contracting funeral director, undertaker or embalmer other than the firm for which the trainee is employed, is not satisfactory to supervise, instruct and train a funeral director trainee.

(3) An employer who does his own funeral directing and at least part of his embalming work may have a funeral director trainee, provided that credit for practical training and experience shall be given only for the funeral directing activities personally performed and cases personally embalmed by such employer with the assistance of the trainee. Credit shall not be given for funeral directing activities or embalming performed by a trade embalmer or any other independent contractor-funeral director, embalmer or funeral service firm or any employee of such independent contractors.

(4) If the funeral director-employer is an individual owner or is a partnership composed of funeral directors, undertakers or embalmers and if such employer also serves as a trade embalmer, or performs funeral directing activities or serves other funeral directors, undertakers and embalmers, such funeral director-employer may employ a funeral director trainee, provided however that such trainee shall receive credit only for cases at which he assisted in the name of the funeral director-employer if such cases were handled by the said employer directly for the next of kin, family or friends of the respective deceased persons and not for any other funeral director.

(5) If a funeral director, undertaker and embalmer holds an interest or has an affiliation in two or more firms, a trainee shall be registered with one of the firms and may receive training credit only for the cases handled by such firms in the name of said firm directly for the next of kin, family or friends of the respective deceased persons.

(6) If a funeral director trainee is registered with a funeral director-employer operating one or more branches, said trainee may receive credit for practical training and experience in connection with all cases at which he assisted at any of the said branches of the establishment.

(7)(a) That such practical training be served during eight consecutive hours daily between the hours of 7:00 a.m. and 10:00 p.m. with a minimum of forty hours weekly in steady, bona fide, full-time employment under the personal supervision and instruction of a licensed and registered funeral director, undertaker or embalmer as prescribed in Rule 3 d. (2). That the trainee is available for funerals, embalmings and apprenticeship instruction outside of the pre-

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Title V, Rule 3

scribed training hours specified on the application to the department. That the trainee agreement form provided by the department be signed by the trainee, manager and supervisor and submitted to the department for approval. That the trainee may have no outside employment during training hours or thereafter unless such employment is approved by the department.

(b) Alternating and rotating shifts of eight working hours may be approved by the department as being acceptable upon request, providing the number of cases handled by the establishment warrants alternating and rotating shifts and that such rotating shifts may not be in excess of two weeks each month during the hours of 10:00 p.m. and 7:00 a.m. That at least 50% of the apprenticeship training hours will be served between the hours of 7:00 a.m. and 10:00 p.m. in regular, steady, full-time employment under the personal supervision and instruction of a licensed and registered funeral director, undertaker or embalmer as prescribed in Rule 3. d. (2) and that the trainee is available for funerals, embalmings and apprenticeship instruction outside of prescribed hours as stated on the application to the department.

e. Every funeral director trainee shall file quarterly detailed reports with the Department on forms provided by the Department and shall set forth an accurate record of the duties performed by him on each case during the period covered by such report.

f. Every report filed by the funeral director trainee shall be signed by the funeral director-employer and the supervising funeral director or undertaker and embalmer.

g. If a funeral director trainee fails to file reports for a period of five years from the date of registration as such trainee or for a period of five years from the date of the filing of last report, such trainee shall be deemed to have abandoned his practical training and experience, and, in the event that he shall thereafter seek to qualify for a funeral director license, he shall be considered a new applicant therefor. He shall be required to register as such new applicant and meet the requirements for qualification for training, examination and license as may exist at the time of such new registration.

h. A funeral director trainee may be allowed two-weeks' leave for compulsory military training or vacation or sick leave each year without loss of credit for his required practical training and experience.

i. Discontinuance of employment as a funeral director trainee in the establishment shall be reported to the Department by the employer and the trainee within ten days after such discontinuance.

j. Change of supervision of the funeral director trainee in any establishment shall be reported to the Department in writing by the employer and the trainee within ten days after the change of such supervision.

k. Practical training and experience satisfactory to the Department shall include, but shall not be limited to, assisting with activities connected with and concerning funeral and burial arrangements, activities related to disinterments and reinterment, assistance with removals, interment, church services, embalming procedures, obtaining and filing necessary permits and certificates and other papers.

l. In the event that a funeral director-employer shall be found by the Department to have been guilty of failing to provide the funeral director trainee an opportunity to adequately and generally train himself under proper supervision in the business and practice of funeral directing, such funeral director may be deprived of trainees for such period of time as shall be prescribed by the Department.

m. Every funeral director trainee shall carry with him at all times, while receiving such training, a pocket card issued to him by the department. In the event of loss or destruction thereof, a duplicate pocket card shall be issued by the department upon payment of a fee of \$2.00.

Rule 4. Schools for funeral directors. *a. Definitions.* The following words and phrases, as used in this rule, shall have the following meanings, unless the context otherwise requires:

(1) "School for funeral directors" means any school, college, course, institute or place wherein funeral directing and related subjects are taught for the purpose of preparing students for licensing and practice as funeral directors.

(2) "Curriculum" means the complete program of instruction offered to any one group of students.

(3) "Department" means New York State Department of Health.

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(4) "Major subject" means any subject listed in subdivision i (3) of this rule requiring a minimum of 96 hours of instruction.

(5) "Minor subject" means any subject listed in subdivision i (3) of this rule requiring less than 96 hours of instruction and any elective subject not listed in this rule.

b. Approval Procedure:

(1) The Department may approve such schools for funeral directors which upon inspection by the Department are found to comply with and maintain the requirements and standards hereinafter set forth.

(2) Any school for funeral directors offering twelve months or longer curriculums showing reasonable evidence of financial responsibility and maintaining proper equipment and facilities for teaching curriculums in schools may make application in writing to the Department for examination and approval as hereinafter prescribed.

(3) Each school applying to the Department for examination and approval shall remit to the Department the sum of twenty-five (\$25) dollars with the application. In addition thereto, a school located outside the State of New York shall attach to such application a statement in writing that it will pay the traveling and other necessary expenses incurred by the Department in making such investigations and inspections for such examination and approval.

(4) Each school applying for approval shall supply all data necessary for a complete investigation of its administration, curriculum, physical facilities, faculty, and such other information as the Department shall require on forms provided by the Department.

(5) Approval shall be on a fiscal-year basis starting April first of each year. Status granted to any school by the department during a fiscal year shall expire at the end of the fiscal year. Applications for renewal of approval for any year shall be made not later than 60 days prior to the beginning of the new fiscal year and shall be accompanied by the annual fee, and in cases of schools located outside the state of New York, by the annual renewal fee and a statement in writing that such school will pay for traveling and other necessary expenses of the department, if examination and inspection is desired by the department.

(6) Following the examination of a school, the Department may grant approval, provisional approval, limited approval or conditional approval.

(7) Approval of a school for funeral directors may be withdrawn by the Department for any violation of these rules or provisions of the Public Health Law, or other statutes pertaining thereto, or pertaining to funeral directing. When charges of violation are brought to the attention of the Department, the affected school shall be notified in writing of the alleged violations, and shall be given a period of ten days to answer the charges. If, after a hearing, the school shall be found guilty of the violations, approval may be withdrawn.

(8) A school whose approval has been withdrawn shall not be eligible for re-approval until such time as the school has rectified all conditions leading to the withdrawal.

c. School Organization, Administration and Operation:

(1) Each school shall be in charge of a full-time Dean or other executive officer to whom full authority is delegated in order that responsibility for the proper operation of the school may be definitely placed.

(2) The school shall have in operation an adequate system of keeping records of students. The record system shall show full and accurate information on the educational record of each student previous to entrance to the school, and on the record made by the student during the entire period of his attendance at the school, including grades, conditions, failures, suspensions, dismissals, expulsions and disciplinary action. The records and operations of the school shall be open to inspection and examination by the authorized representatives of the Department.

(3) No school shall employ, retain, or otherwise engage anyone to solicit, influence, procure, or direct student enrollment in any manner, other than (a) through regular funeral director channels; (b) through advertising in the regular established funeral director journals, association papers, and publications intimately related to funeral service; (c) by direct mail addressed to funeral establishments and inquirers; or, (d) through recognized and approved vocational guidance channels in the high schools, colleges and universities.

(4) Each school shall be guided in its efforts to solicit, influence and procure student enrollments by the principles, practices and limitations which guide such efforts of colleges, universities and recognized professional schools.

(5) No school shall engage in false or misleading representations concerning its tuition, facilities, curriculums or other items, or advertise or otherwise make public or private announcements in any manner intended or designed so as to mislead prospective students or others or refer disparagingly or inaccurately to any other school or to its instruction, faculty, facilities, principles, practices, students or otherwise.

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(6) No school shall offer, grant, or allow any rebate, commission, or refund in any form other than its published and filed tuition fee schedule, which is not allowed at the same time to all students. All scholarships must be listed with the Department.

d. Physical Facilities:

(1) Each school shall provide adequate locker and lavatory facilities.

(2) The class rooms shall be properly lighted, heated, ventilated, and cleaned and shall be furnished with the usual equipment necessary for lectures and recitation work.

(3) In lecture and recitation sections, a minimum of 8 square feet per student accommodated shall be provided. In laboratory sections a minimum of 15 square feet per student accommodated shall be provided.

(4) Each school shall have a laboratory which shall be furnished and equipped for the particular purpose for which it is intended to serve. There shall be sufficient equipment and apparatus in each laboratory to permit students to work individually or in small groups on all of the experimental work of the curriculums taught therein. There should be sufficient apparatus and equipment to properly carry on all of the experimental work of the scientific and professional curriculums announced in the catalog or advertising matter.

(5) Each school shall have a well selected library (standard reference books, textbooks and periodicals) bearing specifically upon the subjects taught. Same shall be cataloged and made available for students' use.

(6) Each school shall provide adequate facilities and cadavers for practical embalming and anatomy instruction, either on the premises or regularly available elsewhere, and adequate equipment and facilities for instruction on the school premises in all other subjects.

e. Faculty:

(1) Each school shall maintain an experienced staff of instructors adequate for the efficient presentation of the subjects taught. The faculty engaged in instruction in each curriculum shall be composed of competent instructors as determined by the Department.

(2) All required qualifications of faculty members shall be substantiated by suitable records on file at the school and a record thereof submitted to the Department. All changes in faculty shall be immediately reported to the Department, together with records showing qualifications of the new faculty members.

(3) Except as hereinafter otherwise provided, the instructor in each subject shall be a graduate of a recognized college or university, who has received a degree substantially related to the subjects assigned to him for instruction and who, in the opinion of the representatives of the Department, has had sufficient specialized training or experience in his chosen or assigned subjects to enable him to give proper instruction in those subjects.

(4) The instructor in funeral or mortuary management shall hold a funeral director or undertaker license and in the opinion of the Department shall have had sufficient specialized training and experience in funeral directing as to enable him to give proper instruction.

(5) The instructor in embalming shall hold a license which entitles him to engage in the practice of embalming in the jurisdiction in which the license was issued and he shall have had sufficient specialized training and experience as an embalmer, as approved by the Department, to give proper instruction in this subject. All practical embalming instruction offered in schools located in the State of New York shall be under the immediate personal supervision of a New York State funeral director, embalmer or duly qualified physician.

(6) The instructor in restorative art shall have had sufficient specialized training and experience, as approved by the Department, to enable him to give proper instruction in this subject. Instruction in restorative art on a dead human body in the State of New York shall be under the immediate personal supervision of a New York State funeral director, embalmer or duly qualified physician.

(7) The instructor in law and regulations shall hold a college or university degree in law or shall be a duly admitted member of the Bar of a State or of the United States.

(8) The instructor in accounting shall hold a college or university degree in accounting, business administration, business management, commerce or economics or shall be a duly certified public accountant.

(9) The instructor in applied psychology and English shall hold a recognized college or university degree and shall have such specialized training or experience as in the opinion of the Department shall enable him to give proper instruction in these subjects.

(10) Instructors engaged in teaching the respective required subjects at the time these rules become effective shall be considered acceptable; provided that they were heretofore duly approved by the Department, and are not found to be incompetent.

(11) The instructor in public speaking shall have such educational background and/or training and shall have such specialized training or experience as in the opinion of the Department shall enable him to give proper instruction in this subject.

f. Teaching Load and Size of Classes:

(1) No instructor shall teach or instruct classes in more than two major subjects, except that in special instances such as during a war or emergency period, this rule may be waived by the Commissioner in writing, upon application to the Department.

(2) The average teaching hours during a school year for any member of the faculty shall not exceed twenty hours per week, provided however, that two hours of laboratory instruction shall be considered as one hour of lecture period for this purpose.

(3) A satisfactory instructor-student ratio shall be maintained. There shall be no less than one instructor for each twenty-five students in any laboratory section. There shall be no more than fifty students in each lecture class; provided, however, that the Department in its discretion, may permit a reasonable increase in the size of the class.

(4) In all laboratory subjects other than anatomy and embalming, no more than two students shall work together. In embalming no more than five students shall be assigned to one body; at least one instructor shall be provided for supervision of five bodies. A complete report of each case embalmed shall be on file at the school.

(5) No approved school shall accept for enrollment or shall have enrolled at any time a number of students greater than can be properly accommodated in the opinion of the representatives of the Department.

g. Entrance Dates and Admission Requirements:

(1) No student shall be accepted for enrollment until the school has satisfied itself that the applicant has complied with all rules and regulations of the state in which he plans to obtain a license, and shall submit evidence of good moral character as required under Rule 3. b. (4) unless such evidence of good moral conduct has previously been submitted.

(2) No school shall enroll an applicant for a New York State license unless at the time of admission to the school, applicant is eligible and has applied for a qualifying certificate from the New York State Department of Education.

(3) No school shall enroll students later than the tenth day of school instruction in any curriculum.

(4) Entering dates shall not exceed two in any calendar year. Such dates must be filed with the Department at the time of applying for school approval.

(5) No school shall place any incoming student or students in a class with students who have been enrolled at a previous entering date.

(6) The entrance qualifications of each student, or a certified copy thereof shall be kept on file in the office of the school and be open to inspection by the Department.

(7) Within twenty days after the beginning of each class, the school shall report in writing to the Department, the name and

address of each student enrolled in the course, the name and address of each student who has expressed intention to apply for a Funeral Director license in the State of New York and a brief statement of the entrance qualifications of each student qualifying for a New York license. Such report shall be certified by the proper officer of the school.

h. Attendance and Graduation:

(1) Each student shall have an attendance record of not less than 90% of the scheduled class hours. If the absences of a student in any subject are in excess of 10% but less than 15% of the scheduled hours in that subject, the student shall receive no credit in the subject unless he shall make up the absences by attending additional classes in the subject for a total number of hours as shall be required by the school. If the absences of a student in any subject are in excess of 15% of the scheduled hours in that subject, the student shall receive no credit in the subject unless he shall make up the absences by attending additional classes in the subject for a total number of hours equal to at least one quarter of the total number of scheduled hours in such subject; provided, however, that if in the opinion of the Department, the absences in a given subject or in several subjects are substantially beyond 15% in number, the student shall be required to repeat the entire course of instruction in such subject or subjects or the entire curriculum as the circumstances may require. Quarterly reports shall be submitted by each school showing hours of attendance, absences and grades, on forms prescribed by the Department.

(2) Before being awarded a diploma or certificate of graduation every candidate for graduation must be adjudged by the combined faculty as having made a satisfactory record in all subjects required for graduation.

(3) Within ten days after each graduation, the school shall send to the Department the name and address of each student and his grades in each subject. Such certification of attendance at and graduation from the school shall not be made by a school unless the student shall have met all of the attendance requirements herein set forth and shall have satisfactorily passed his school examinations and shall have received a passing grade of seventy-five per cent (75%) in each subject. If a student has received a grade less than 75% but not less than 65% he may, in the discretion of the school, be given a conditional grade and a

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re-examination in that subject; provided, however, that no student shall be given conditional grades in more than two subjects. If a student passes the re-examination, he may be given a grade not to exceed 75% in the subject in which such re-examination was given. If a student has failed a subject he shall be required to attend three additional months of classroom instruction in that subject. The information required herein shall be submitted to the Department on forms prescribed by the Department.

(4) No credit shall be given for partial courses where the student has discontinued his attendance during the course, unless the balance of the minimum required courses of study is subsequently completed in the same or another approved school.

(5) If at any time a student is dismissed, expelled, suspended or dropped from a school, notice of such action shall be sent immediately to the Department, together with a statement of the reasons and circumstances which resulted in such action.

(6) All term and final examinations of each student shall be preserved by the school for a period of two years and shall be open to inspection by the Department.

i. Curriculum:

(1) The regular course of instruction shall cover a twelve month period and shall include a minimum period of forty-eight weeks of day-time instruction of thirty hours each week, divided into five days per week of actual instruction.

(2) No credit shall be allowed for night school courses; provided, however, that credit may be allowed for night school courses that were completed prior to July 1. 1948.

(3) The following minimum instruction shall be included in the curriculum for each twelve month course:

<i>Required Subjects</i>	<i>Minimum Required Hours</i>
A. Accounting	72
B. Anatomy	192
C. Bacteriology	108
D. Chemistry	120
E. Embalming	144
F. Hygiene and Sanitary Science	72
G. Law	120
H. Funeral Management	144
I. Pathology	108
J. Psychology	72
K. Restorative Art	72
L. Business English	36
M. Speech	36
N. Electives	144
TOTAL	1440

(4) Elective subjects may be subjects other than those designated above, or may be advanced courses in any of the above subjects.

(5) Elective courses in subjects other than those in items A. to M. of Subparagraph (3) above shall be separately designated and the school shall report grades and hours attended by each student in such elective subjects.

(6) The school shall have the right to determine the nature and hours of instruction of all elective courses: provided, however, that notice thereof, containing names and qualifications of instructor, and the schedule of hours of instruction in any subjects other than those in items A. to M., inclusive, in Subparagraph (3) above, are submitted to the department for approval in writing at least thirty days prior to the commencement of elective courses.

(7) This rule, as hereby amended, shall become effective with the Spring enrollment of 1955.

5. Funeral Establishments. a. The business and practice of funeral directing shall be conducted and registered from a fixed place or establishment.

b. Every application for registration of a funeral establishment shall be accompanied by a certificate of occupancy or a certified photostatic copy thereof issued by the appropriate municipal authority having jurisdiction of the zoning of buildings, structures and uses and/or the operation or construction thereof. If the municipality in which the funeral establishment is to be located does not issue certificates of occupancy, then a written statement on the official stationery of the municipality duly issued by the appropriate authority thereof, shall be filed with the application. If the municipality in which the proposed funeral establishment is to be located has no zoning laws, ordinances, rules or regulations or other requirements in respect to location, use, operation or construction of buildings and structures, an application for an establishment in such municipality shall be accompanied by a letter or written statement on the official stationery of the municipality duly issued by the appropriate authority thereof certifying that there are no such laws, ordinances, rules or regulations. This shall not apply to any premises which have been operated as a funeral establishment prior to the promulgation of this provision.

c. An application for registration of a funeral establishment shall be approved for a specified address and location only. In the event that the applicant maintains a chapel, preparation room or other funeral service facility in a building or portion thereof physically separated from, and located at a location designated by an address differing from the office and/or other funeral facilities of the applicant, such chapel, preparation room or other funeral facility otherwise located, shall be deemed to be a separate funeral establishment or funeral establishments, for which a separate application for registration shall

be made in accordance with the provisions of the Public Health Law and the rules pertaining to funeral establishments. Nothing herein contained shall be construed or interpreted to require a separate registration for such a building, if such building or part thereof is joined or connected by any private passage, walk, or driveway existing between the registered establishment and such other building.

d. Nothing herein contained shall be construed or interpreted to prohibit the business or practice of funeral directing by more than one registered funeral firm from the same funeral establishment; provided, however, that all the requirements of the Public Health Law and the Administrative Rules and Regulations promulgated pursuant thereto have been complied with.

e. No embalming or other preparation for burial of a dead human body shall be performed in any funeral establishment except in a room set aside exclusively for such purpose. The floors and walls of operating and preparation rooms used for the purpose of embalming, washing or otherwise preparing dead human bodies for burial and all permanent operating tables, portable couches, cooling boards and transfer cases shall be so constructed that they can be kept in a clean and sanitary condition. Such rooms shall contain only the articles, facilities and instruments necessary for the preparation of dead human bodies for burial and shall be kept in a clean and sanitary condition. Any and all preparation rooms or other rooms herein referred to shall be adequately ventilated.

f. All operating and preparation rooms in funeral establishments shall be equipped and provided with hot and cold running water, a utility sink, and cabinets for instruments.

g. All operating and preparation rooms in funeral establishments shall be equipped with proper sewage and waste disposal and drainage facilities and systems.

h. The doors and windows of operating and preparation rooms shall be so constructed as to obstruct any view into such rooms from the outside.

i. All windows, doors and openings into or from operating and preparation rooms shall be properly screened.

j. All funeral establishments shall be kept and maintained in a clean and sanitary condition and all embalming tables, hoppers, sinks, receptacles, instruments and other appliances used in embalming or other preparation of human dead bodies or otherwise preparing them for disposition, shall be thoroughly cleansed and disinfected immediately at the conclusion of each case.

k. Any operating or preparation room used for the washing, embalming or preparation of dead human bodies for burial shall be provided with proper and convenient receptacles for refuse, bandages, cotton and other waste materials.

1. All waste materials, refuse and used bandages and cotton shall be destroyed by incineration or shall be sterilized immediately at the conclusion of each case prepared for disposition.

m. The preparation, sale service or distribution of foods or beverages on or in any part of a funeral establishment to or by friends, relatives, mourners, family, visitors or next of kin of deceased persons in any funeral establishment, or the maintenance of any space, facilities, equipment, other accommodations or supplies for the preparation, service or sale of foods or beverages to or for the friends, relatives, mourners, family, visitors or next of kin of deceased persons is prohibited.

n. An application for the registration of a funeral establishment shall not be approved if the premises of the funeral establishment includes or makes available space, facilities, equipment, other accommodations or supplies for the preparation, service or sale of foods or beverages to or for the friends, relatives, mourners, family, visitors or next of kin of deceased persons.

o. All signs, stationery, advertising in newspapers, publications or other media of advertising, must include the true firm name as registered with the Department of Health.

Rule 6. Registrations. a. Application for registration of a funeral establishment operated by a new corporation must be accompanied by a certification of incorporation from the secretary of state; the name and residence addresses of the actual officers of the corporation and of the directors of the corporation; a photostatic copy of the notice from the secretary of state showing that the corporation has been duly incorporated; and a copy of the corporate resolution designating the licensed undertaker or funeral director who is to serve as the licensed manager, certified by the secretary of the corporation and impressed with the corporate seal.

b. Application for registration of a funeral establishment operated under a new trade or assumed name must be accompanied by a certified copy of the trade name certificate as filed in the county clerk's office. Application for registration of a funeral establishment to be operated under the individual name of the applicant must be accompanied by an affidavit by the applicant setting forth the true full names and residences of any and all persons having a proprietary or financial interest in the business.

(1) Application for registration of a funeral establishment operated by an estate of a deceased funeral director must be accompanied by an Administrator's or Executor's certificate; names and addresses of all Executors or Administrators; name and address of the attorney representing the estate and the current certificate of

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registration. Such duly appointed estate representatives may operate the funeral business for a period of not more than thirty months from the date of death of the funeral director or undertaker under the immediate and personal supervision of a full-time licensed manager.

(2) In the event the funeral director or undertaker handled fifty or less funerals in his own name during the twelve months immediately preceding his death, the estate representatives may designate any licensed funeral director or undertaker who is not a trade embalmer as a temporary licensed manager for the first six months of said thirty-months' period, and the estate representatives shall immediately notify the Department in writing of such designation.

c. Application for registration of a funeral establishment operated by a new partnership must be signed by all partners and must be accompanied by a certified copy of the partnership agreement and the certificate of assumed name, if any, filed in the office of the county clerk.

d. The department shall issue a single certificate of biennial registration to every person who holds and registers both an undertaker and embalmer license, upon payment of the fees required for each such license by the Public Health Law.

e. Every person entitled to engage in the business and practice of funeral directing, undertaking or embalming shall at all times while actively so engaged or while on the premises of any funeral establishment or facility, carry on his person the current certificate of biennial registration duly issued to him by the Department, on the reverse side of which he shall have affixed his signature together with his funeral director's, undertaker's and/or embalmer's license number, and a front view photograph in passport form and size, taken within thirty days prior to the date of issuance of the said certificate of registration. He shall exhibit such certificate when requested by any of the following:-

(1) A representative of the state or municipal government engaged in the administration or enforcement of the law;

(2) Any cemetery, crematory or hospital official; or,

(3) Any person having lawful possession of a dead human body, the release of which is sought by such licensee.

Failure by any person to exhibit such license upon request, as aforesaid, shall be presumptive evidence that he is not duly licensed and registered to practice funeral directing, undertaking or embalming in this State.

f. Every registrant shall give notice in writing to the Department of any change of his residence address within ten days after such change of residence.

g. Any change in the ownership, or in the legal status thereof, shall be considered a "first registration" as to which the fee specified by section 3428 of the Public Health Law shall be applicable.

h. A two dollar fee shall be paid to the department for the issuance of a duplicate licensee pocket card, regardless of whether such duplicate is issued during the first or second year of the biennial registration period.

i. A two dollar fee shall be paid to the department for the issuance of a duplicate business certificate, regardless of whether such duplicate is issued during the first or second year of the biennial registration period.

j. There shall be paid to the department for effecting any change in the name or title under which a funeral directing business is operated, and which does not involve a change in the ownership thereof, a fee of ten dollars.

Rule 7. Funeral Directing. a. A funeral director, undertaker or embalmer shall not permit any unlicensed person to engage in or take charge of the activities for which a license to engage in the business or practice of funeral directing, undertaking or embalming is required by the provisions of the Public Health Law.

(1) A licensed funeral director or undertaker shall be present and personally supervise and arrange for the removal or transfer of each dead human body from the place where death occurs, or, from the place where it is released to him by the family or other legal authority.

(2) A licensed funeral director or undertaker shall be present and personally supervise the conduct of each funeral service.

(3) A licensed funeral director or undertaker shall be present and personally supervise the interment or cremation or the delivery of the body to the common carrier.

(4) No person other than a duly licensed and registered funeral director or undertaker shall make or be permitted to make arrangements on behalf of any funeral director, undertaker or funeral firm with the person or persons having the right to control the incidents of burial (a) for temporary or final entombment, or cremation, disinterment, reinterment or other lawful disposition of a dead human body, or, (b) for the care, preparation, shipment or transportation of a dead human body, or (c) for the purchase, sale or rental of funeral merchandise, services or paraphernalia. The taking of preliminary information over the telephone by an unlicensed person shall not be construed as the making of funeral arrangements under this section.

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b. In no case shall the body of a deceased person be released from any hospital, institution or other place where a person has died to any person not duly licensed and registered to engage in the business and practice of funeral directing or undertaking. Every person in charge of a hospital, institution, or place where a person has died, shall request the person acting as, for, or in behalf of a funeral director or funeral establishment, to produce his current certificate of biennial registration, showing that he is personally entitled to practice as a funeral director or undertaker.

c. Every person in charge of a cemetery, crematory, vault or other place where dead human bodies are brought for temporary or permanent disposition shall require the person in charge of the body of every deceased person to identify himself as a duly licensed and registered funeral director or undertaker and shall require such person to produce his current certificate of biennial registration as a funeral director or undertaker.

d. In the event such burial or other disposition is not in charge of a duly licensed and registered funeral director or undertaker, the person in charge of the cemetery, crematory, vault or other place where dead human bodies are brought for temporary or permanent disposition shall immediately submit to the department of health the name and address of the person who had charge of the body at the time of burial or other disposition and the name and address of the funeral director, undertaker or firm for which such person was acting.

Rule 8. Managers. a. The manager of each funeral establishment or place where the business or practice of funeral directing is conducted shall be a funeral director or undertaker duly licensed as such under and pursuant to the laws of the State of New York and shall be duly registered with the Department as such manager.

b. A funeral director or undertaker shall not serve and shall not be registered as the manager of more than one funeral establishment or place where funeral directing is conducted.

c. When a funeral establishment or place where funeral directing is

conducted is owned and operated by an individual owner who is a duly licensed and registered funeral director or undertaker, such owner may serve and be registered as the manager of such establishment or place of business.

d. When a funeral establishment or place where funeral directing is conducted is owned and operated by two or more partners each of whom is duly licensed and registered as a funeral director or undertaker, any one of them may be designated as the manager of the establishment and such designee shall be registered with the Department as such manager.

e. When a funeral establishment or place where funeral directing is conducted is owned and operated by an individual or by partners, the owner or owners thereof may designate an employee as manager. Such employee shall be a duly licensed and registered funeral director or undertaker of the establishment and his designation as manager shall be filed with the Department.

f. When a funeral establishment or place where funeral directing is conducted is owned and operated by a corporation organized under and pursuant to the laws of the State of New York for such purpose, the board of directors of such corporation shall designate an employee as manager. Such employee shall be a duly licensed and registered funeral director or undertaker of the establishment and his designation as manager shall be filed with the Department.

g. When a funeral establishment or place where funeral directing is conducted is owned and operated by the estate of a deceased funeral director or undertaker, the duly appointed representative of the estate shall designate a duly licensed and registered funeral director or undertaker as manager, and his designation as manager shall be filed with the Department.

h. In any case where an employee is designated as the manager of a funeral establishment or place where the business or practice of funeral directing is conducted, such employee shall be a full-time, regularly employed member of the staff or personnel of the owner of such establishment or place of business, except as otherwise provided.

i. A trade embalmer shall not be eligible to serve as manager of an establishment, except, however, that an individual owner or a partner who is registered as a manager of a funeral establishment may engage in trade embalming if such activity does not interfere with his availability as manager.

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j. In any case where an individual owner or partner serves as manager of a funeral establishment or place where funeral directing is conducted such owner or partner shall be available at all times to supervise, control and direct the activities of such business and practice.

k. In any case where a manager is on vacation or becomes physically or otherwise incapacitated so as not to be able to perform the usual and necessary activities of manager, the owner, board of directors or estate representative, as the case may be, shall immediately notify the Department in writing, and designate any licensed funeral director or undertaker to serve as temporary manager thereof, provided, however, that in no event shall such temporary manager be permitted to serve as manager for more than ninety days from the receipt of such designation. In the event that the period of disability or vacation exceeds or is expected to exceed ninety days, a new full-time manager shall be designated and shall be registered for the establishment in accordance with the rules hereinbefore set forth.

l. The owner and operator or estate representative of a funeral establishment or place where funeral directing is conducted shall notify the Department in writing within ten days of any change of manager of any establishment and shall file designation of the new manager as herein provided. In the case of a corporation, the designation of any manager shall be in the form of a resolution of the board of directors appointing such manager and a certified copy of such resolution shall be filed with the Department.

Rule 9. Embalming Procedure. a. The preparation for burial or other disposition of all dead human bodies shall be performed in privacy. No one shall be permitted to be present in the embalming, operating or preparation room while a dead human body is being embalmed, washed or otherwise prepared for burial or other disposition, except the following:

- (1) Licensed funeral directors or embalmers, and their employees;
- (2) Duly registered funeral director students and trainees;
- (3) Duly authorized instructors of funeral directing schools;
- (4) Public officials or representatives in the discharge of their duties;
- (5) Duly accredited doctors or nurses;
- (6) Members of the immediate family of the deceased and their designated representatives.

b. The use of any fluid or compound which contains arsenic, lead, mercury, zinc, silver, antimony or chloral or any poisonous alkaloid in the embalming of a dead human body is prohibited.

c. All blood and excretions of a dead human body shall be disposed of in a sanitary manner.

d. All receptacles containing embalming fluid or any poisonous or dangerous substances shall be plainly marked to indicate the contents thereof.

e. No embalmer shall embalm, nor shall any funeral director, undertaker or embalmer permit the embalming of a dead human body when he has information reasonably indicating that death occurred as a result of accidental homicidal or suicidal means or under suspicious or unnatural circumstances, until the body has been duly released to him for embalming or other preparation by the proper authority.

f. A funeral director trainee may not embalm or perform any part of embalming procedure on a dead human body unless such activity is performed under the immediate and direct supervision and control of a licensed funeral director or a licensed and registered embalmer holding a New York State funeral director or a New York State embalmer license.

TITLE VI

APPROVAL OF LABORATORIES AND INSTITUTIONS FOR THE USE OF LIVING ANIMALS AND FOR THE REQUISITION AND ALLOCATION OF ANIMALS FROM POUNDS

Rules Promulgated by the Commissioner of Health Pursuant to Article 2, Section 5-a of the Public Health Law and Article 16, Section 185 of the Penal Law.

(Adopted July 1, 1947; amended June 25, 1952 and April 13, 1954, to be effective on and after June 1, 1954.)

Rule 1. Purposes for which approval may be granted. a. Approval may be granted laboratories and institutions for the use of living animals in properly performed or conducted scientific tests, experiments, or investigations. Approval will be granted only when the applicant has demonstrated a need for the use of living animals.

b. Approval will not be granted to laboratories for the use of living dogs or cats.

(1) Unless evidence is presented that the general research or teaching program of the institution will contribute to the understanding of the problems of human or animal health.

(2) Unless it can be shown that other animals are not equally satisfactory.

Rule 2. Eligibility for approval. Only laboratories or institutions will be approved in which the use of living animals for the above purposes will be under the immediate supervision of persons qualified by training and experience to conduct scientific work.

Rule 3. Method of approval. Application for approval shall be made on forms provided by the State Department of Health. Approval will be granted to a laboratory or institution in the name of the person responsible for the use of living animals. The certificate of approval is not transferable and is revoked if the individual in whose name approval has been granted shall cease to be in charge.

Rule 4. Responsibility. The individual whose name appears on the certificate of approval shall be responsible for all of the experimentation that involves the use of living animals in the designated laboratory or institution. He shall be responsible for the care of the animals, the propriety of the procedures used, and the scientific justification for the use of animals in experiments, tests or demonstrations.

Rule 5. Care and treatment of animals. a. The laboratory or institution shall give careful consideration to the bodily comfort of animals. They shall be kindly and humanely treated and provided with adequate amounts of food and water. The food given to the animals shall be

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wholesome and in sufficient quantity for the type of animal and scientific test. The animals' quarters shall be kept clean, well lighted and ventilated and be maintained at a proper temperature. Quarters or cages of suitable size shall be provided so that each animal may stand, sit, and lie in a normal position and turn around with ease. All quarters and cages shall be kept clean and after they are vacated and before they are re-occupied shall be cleaned by procedures suitable to prevent spread of communicable diseases.

b. Laboratories and institutions providing transportation for animals must arrange for their humane handling during their transportation to the laboratory.

c. Any operation or experiment likely to cause greater discomfort than that attending anesthetization shall not be undertaken until the animal is first rendered incapable of perceiving pain. The animal shall be maintained in that condition until the operation or experiment is completed. Exceptions to this rule may be made only when provisions for maximum comfort, including anesthesia, would defeat the object of the experiment and then only with the express permission of the individual whose name appears on the certificate of approval.

d. At the conclusion of experiments, the animals must be killed painlessly or given care to minimize discomfort which is equivalent to that rendered human beings following an operation.

Rule 6. Allocation of dogs and cats. Dogs and cats will not be allocated for the purpose of

a. Instructing students of secondary schools, junior colleges, or liberal arts colleges.

b. Assisting in the development of products which although commercially valuable, cannot be expected to contribute to the prevention or cure of disease or to the maintenance of health of human beings or animals.

Rule 7. Records; reports. a. Laboratories and institutions approved for scientific tests, experiments and investigations involving the use of living animals shall maintain suitable records on allocated dogs and cats, including:

- (1) A description or other identification of each animal.
- (2) The date and place where the animal was procured.
- (3) The cost of the animal to the laboratory or institution.
- (4) The condition of the animal on arrival.
- (5) The scientific use to which the animal was put.
- (6) Whether anesthesia was used in the experiment.
- (7) The method used for humane disposal of the animal.

Such records shall be available for inspection by the State Commissioner of Health or his representative.

b. Reports shall be made to the State Department of Health on such matters and at such times as the State Commissioner of Health may require.

Rule 8. Maintenance fees. Upon delivery of allocated animals, the receiving laboratory or institution shall reimburse the pound for the maintenance of such animals as follows:

To pounds outside the City of New York: A total fee of \$2.50 per dog; \$1.50 per cat; for the three day period.

Rule 9. Method of requisition and allocation of animals. a. Upon receipt of a requisition and allocation signed by the State Commissioner of Health, or a duly authorized representative, or in New York City the City Commissioner of Health, or a duly authorized representative, any municipal pound or pound operated by a private organization to which public authority has been delegated by a statute or contract shall make available, after the legal holding period, to the designated laboratory or institution from among the impounded animals such number of animals as may be requisitioned and allocated. If a demand is made on the pound for a greater number of animals than it has available for release, it shall withhold thereafter from destruction all unlicensed, unclaimed and unwanted animals until the demand has been met.

b. Not later than the day following receipt of unlicensed or unwanted animals, pounds subject to the provisions of section 505 of the Public Health Law shall, by collect telephone or telegraph, notify the laboratory or institution named on the requisition of the date the requisitioned animals will be available if still unclaimed. The laboratory or institution so notified shall have the right to reject such animals if in its judgment they are unsuitable for the approved scientific tests, provided, however, that such rejection must be made known to the pound prior to the three-day holding period required by section 505 of the Public Health Law. If the available animals have been rejected, after notification to all the laboratories and institutions which have requisitions on file with the pound, the pound is then authorized to consider such animals no longer subject to the requisitions.

c. If, following agreement between a laboratory or institution and a pound, such laboratory or institution fails to arrange for the delivery of the allocated animals at the specified time, such laboratory or institution shall still be responsible for the payment of the maintenance fee to the pound.

TITLE VII

DISTRICT LABORATORY SUPPLY STATIONS

Rules Promulgated Pursuant to Authority Vested in the State Commissioner of Health
by Sections 560 and 564 of the Public Health Law

(Adopted January 19, 1921; amended February 1, 1924, December 17, 1931, July 21, 1938, August 1, 1948, June 6, 1955, July 6, 1956, and February 17, 1959, to be effective on and after March 2, 1959.)

1. The custodian of each district supply station shall submit for approval a list of proposed substations, if in his judgment, any are necessary, with the name in each instance of the person whom he proposes to place in charge. If the district laboratory supply station is in a district health officer's jurisdiction, the list shall be submitted to the district health officer. If the station is under the jurisdiction of a full-time county or city health commissioner, the list should be sent by him to the regional health director.

2. He shall distribute laboratory supplies for the district and constantly maintain in each substation a sufficient supply of laboratory outfits and materials in good condition to meet ordinary demands.

3. He shall render a report to the Division of Laboratories and Research semi-annually on or shortly before the first of January and July, showing the quantities of various supplies on hand in each station and substation.

4. Supplies shall be accessible to physicians at all times.

5. Perishable supplies shall be kept in a refrigerator. Under no conditions should perishable supplies be kept at room temperature, nor should supplies kept in a refrigerator be allowed to freeze.

6. Biologic preparations which are labeled with a return date shall not be distributed after its expiration. Outdated products shall be returned for exchange semi-annually, January and July.

7. Tubes containing culture medium shall be inspected frequently and all tubes in which medium is dried, liquefied or otherwise deteriorated, returned for exchange.

8. Laboratory supplies distributed by the state department of health shall not be sold.

9. Supply stations will furnish state-supplied products (subject to stipulated restrictions with reference to certain preparations) for use in institutions and among residents of the state, and in any emergency among individuals temporarily in the state in which their use is likely to conserve life or health; the custodian shall, however, assume responsibility for conserving the state-supplied products from waste through unnecessary or excessive distribution.

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10. Reports on the use of state-supplied products are required as specified. A record is to be kept by the custodian of each district station of the distribution of such state-supplied products from the district station and its substations. The record shall include the name and address of each physician to whom materials are furnished, the date, the kind, the number of packages distributed, units or ml., lot number, and number of packages returned to supply station. The report shall be submitted, even if no supplies have been distributed, on the first of each month, to the Division of Laboratories and Research.

Note — Shipments of supplies from Albany will be made by mail or express C.O.D.; those returned for exchange or otherwise should be sent prepaid by mail or express. A special form is provided to be used both for semiannual reports and for requisition for supplies. These forms should be used for all requisitions. In emergencies, orders may be telephoned or telegraphed, but in each instance should be followed by a written order marked "confirmatory."

TITLE VIII

PRACTICE OF MIDWIFERY

**Rules Promulgated Pursuant to Authority Vested in the State Commissioner of Health
by Section 180 of Article VIII-A of the Public Health Law**

(Adopted August 30, 1914; amended December 8, 1941 and April 13, 1954, to be effective on and after June 1, 1954.)

Rule 1. Midwife to sign the pledge. Whenever a license is issued to a woman to practice as a midwife she shall be given a copy of the Vital Statistics Law, article 25, title III of the Public Health Law, and the special rules and regulations of the State Department of Health relating to midwives and the practice of midwifery, and she shall pledge herself to carry out said provisions and shall sign a pledge on a specially prepared blank. The license shall be returned by the midwife to the State Department of Health at the close of the current calendar year, or at any time during said calendar year when the midwife may remove outside the jurisdiction of article 25, title III of the Public Health Law. The midwife shall inform the State Department of Health immediately of any change in her address.

Rule 2. Midwife to attend only normal cases. A midwife shall attend only cases of normal labor in which there is an uncomplicated vertex (head) presentation. In all other cases a physician must be called.

Rule 3. Midwife's home to be open for inspection. The home of the midwife, her equipment, record of cases, and register of birth shall at all times be open to inspection to the authorized officers, inspectors and agents of the state and local health departments.

Rule 4. Midwife to be clean. Each midwife must be scrupulously clean in every way, including her person, clothing, equipment and house. She must not wear rings or bracelets when attending a case of labor. She must keep her nails short, smooth and clean and the skin of her hands, as far as possible, free from cracks and abrasions by the use of some simple application. When attending a case of labor she must wear a clean dress, of washable material which can be boiled, such as linen or cotton, and over it a clean freshly laundered apron or coverall. The sleeves of the dress must be so made that they can be readily rolled up above the elbows.

Rule 5. Cases to be referred to physicians. If, during pregnancy, any of the following conditions develop, or are suspected, the midwife shall not engage to attend the case, but must refer it to a physician.

- 1 Whenever the patient is a dwarf or is deformed
- 2 Whenever there is sudden sharp pain in abdomen
- 3 Whenever there is bleeding, or repeated staining in small amounts

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- 4 Whenever there is swelling or puffiness of the face, hands or feet
- 5 Whenever there is excessive vomiting
- 6 Whenever there is excessive shortness of breath
- 7 Whenever there is persistent headache
- 8 Whenever there is dimness of vision
- 9 Whenever there is loss of consciousness, fainting, fits, or convulsions
- 10 Whenever there is heart or kidney disease
- 11 Whenever there is persistent cough with loss of weight
- 12 Whenever there is purulent discharge from any part of the body
- 13 Whenever there are sores or warts on the genitals
- 14 Whenever there is communicable disease
- 15 Whenever there is any case known to have syphilis, or suspected of it.

Rule 6. Midwife's equipment. Every midwife must take to each case the following equipment:

Nail brush*

Wooden nail cleaner*

Bottle of liquid soap*

Freshly laundered gown or coverall apron*

Clean cap or square which will cover hair*

Tube of white vaseline*

Lysol*

Silver nitrate* (Furnished free of charge. Obtained from local laboratory supply station)

Blunt scissors for cutting cord*

Sterile umbilical dressings* (Individual packages)

Narrow tape or soft twine for tying cord*

Sterile absorbent cotton* (In 1/4 pound package)

Clinical thermometer

Agate or glass douche reservoir

Two rounded vaginal douche nozzles (Not to be used except upon physician's order)

Two rectal nozzles, large and small

One soft rubber catheter.

Rule 7. Container for equipment; how to be kept. The equipment specified in rule 6 must be carried in a suitable bag fitted with a lining of washable material which can be easily removed. As this lining must be washed and boiled before each case of labor a sufficient supply of linings must be provided. The bag and its contents must at all times be kept neat and clean. The douche nozzles for rectal and vaginal use must be kept separately.

At every case, before using the nail brush, nail cleaner, douche reservoir and tubing, vaginal nozzle, catheter, scissors and tape or

* Minimum equipment.

twine, they must be boiled for five minutes; hard rubber nozzles should be thoroughly cleansed with hot water and soap and put in lysol solution for 15 minutes before using; when the labor is terminated, the douche reservoir and tubing, vaginal nozzles, catheter, scissors, nail brush, nail cleaner, must be washed with soap and water and boiled before replacing them in the bag.

Rule 8. Preparation for internal examination. Before making an internal examination or conducting a delivery, a midwife must prepare her hands and the patient as follows:

The midwife, after thoroughly washing her hands and arms with warm water and soap, must thoroughly wash the lower part of the patient's abdomen, the inner surface of the thighs and the external genitals, always sponging from above down with warm water and soap, then rinse them with clean water and a disinfecting solution, prepared by adding one teaspoonful of lysol to one quart of water. She must then cover the genitals with a clean towel or cloth or cotton which has been soaked in the disinfecting solution, and she must allow it to remain there until the examination is made. The midwife's hands must be cleansed and disinfected as follows:

Cut the finger nails with clippers or scissors. Scrub the hands and forearms, including elbows, with the nail brush and liquid soap and warm water for five minutes, paying special attention to the nails and to the inner surface of the fingers. Then soak the hands and arms for three minutes in the disinfecting solution. After having cleansed and disinfected the hands in this way they must not come in contact with anything before touching the parts of the patient to be examined. Before delivery make as few vaginal examinations as possible and none after delivery.

No vaginal douche should be given at any time except by physician's order.

Rule 9. Midwife not to leave patient. A midwife in charge of a case of labor must not leave the patient without giving an address at which she may be found without delay, and after the beginning of the the second stage she must stay with the patient until the birth is completed, and must stay for at least an hour after the expulsion of the afterbirth. Before leaving the patient examine her for excessive bleeding. Where a physician has been sent for because the case is abnormal or complicated, the midwife must await his arrival and be ready to carry out his instructions.

Rule 10. Physician is to be summoned during labor. If, during labor, any of the following conditions exist or develop, a physician must be summoned immediately:

- (a) The presenting part if other than an uncomplicated vertex (head)
- (b) Intense headache, dimness of vision, fits or convulsions

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13, 14, 15**

- (c) Excessive bleeding before, during, or after labor
- (d) Prolapse of the cord
- (e) A swelling or tumor that obstructs the birth of the child
- (f) Signs of exhaustion or collapse of the mother
- (g) Unduly prolonged labor
- (h) When fetal heart has been heard and ceases to be heard
- (i) When fetal heart cannot be heard or fetal movements felt
- (j) When there is severe abdominal pain other than labor pains.

Rule 11. In cases of convulsion or bleeding, physician to be summoned. If the mother develops convulsions or has excessive bleeding or has been lacerated, a physician must be called in attendance at once.

Rule 12. Midwife to examine afterbirth. A midwife must, in all cases, examine the afterbirth (placenta and membranes) before it is destroyed and must satisfy herself that all of it has been expelled.

Rule 13. Physician to be called if afterbirth is not expelled. Under no circumstances shall a midwife introduce her hand into the vagina or uterus to remove either the whole or parts of the afterbirth (placenta and membranes) or pull on the cord. If, after an hour from the birth of the child, the afterbirth (placenta and membranes) is not expelled or cannot be expelled by gentle manipulation of the uterus through the abdominal walls, a physician must be called to extract it.

Rule 14. Procedure after delivery. After the labor is over the midwife must clean the skin around the external genitals with the antiseptic solution mentioned in rule 8 and then place a dry sterile pad over the vulva. The midwife must bathe and dress the patient in this manner at least once daily for seven days after delivery, and also after each time that it is necessary to use a catheter. After the birth is complete the midwife must not make vaginal examinations. If the patient has not urinated for 12 hours and the bladder is full, before using the catheter try placing hot wet compresses over the bladder and pouring warm antiseptic solution over the vulva. Give the patient water to drink. If this fails and it is necessary to catheterize the patient, the catheter must be boiled for five minutes and the midwife, after washing her hands (rule 8) and before passing the boiled catheter, should separate the upper part of the vulva and wash the opening to the bladder by pouring the disinfecting solution over it from a cup or small pitcher that has been previously boiled.

Rule 15. Soiled articles to be removed after labor. After the labor is over and before washing the baby, the midwife should remove the sheets, together with all soiled pads, newspapers, etc., that have been used to protect the mattress, leaving the patient on a smooth, dry, clean sheet.

Rule 16. Stillbirths. Should the child not breathe after birth, the midwife must report the fact at once by telephone, messenger, or in person, to the local health officer for investigation as a death without medical attendance.

The midwife shall leave the stillbirth certificate at the house after filling out items 17a to 19c, inclusive. The body of the child must not be removed from the premises until the medical certificate has been signed by the local health officer or coroner and a burial or removal permit received from the local registrar of vital statistics. (This amendment effective January 9, 1951.)

Rule 17. Use of silver nitrate. As soon as the child is born, and if possible before the expulsion of the afterbirth, the eyelids should be washed with water which has been boiled and cooled, using a separate soft linen cloth or clean absorbent cotton for each eye. Wipe the lids from the nose outward, without opening the lids. The eyelids must then be separated and held open and two drops of a one per cent (1%) solution of silver nitrate dropped into each eye and the lids brought together. Be sure the silver nitrate is inside the lids. One application only of the silver nitrate solution should be used, and ordinarily no further attention should be given the eyes for several hours. The silver nitrate solution will be furnished free by the local laboratory supply station.

Rule 18. Reports of cases of sore eyes. When the infant has or develops sore eyes, or any redness, inflammation or discharge from the eyes, the midwife in attendance must at once call a physician and must report to the local health officer the name and address of the mother, and state the time when such condition of the eyes was first noticed.

Rule 19. Care of the newborn child. Before beginning care of child, have everything necessary for its care in readiness in a well warmed room. A newly born infant must be covered at once and kept warm, therefore have ready to receive it a small, clean, woolen blanket or piece of flannel.

1 As soon as the head is born wipe the mucus from the eyes, using a separate clean piece of cloth or cotton for each eye. Wipe away from the nose.

2 In order that respiration be properly established, remove mucus from the throat by position and from the mouth of the infant by gently wiping with a piece of wet sterile cotton.

3 If the child does not cry promptly after birth, stimulate respiration by proper gentle methods. Do not use force. It does no good and does do harm.

4 With thoroughly cleaned hands tie the cord with the boiled tape or twine (rule 7) after pulsations have ceased. Tie cord carefully. Cover cord with sterile dressing. Keep navel covered with sterile dressing until it is healed.

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5 If the baby's breasts are swollen do not treat them in any way. If inflamed send for a physician.

6 Use silver nitrate solution in the eyes, as described in rule 17.

7 Examine child carefully for any deformity or malformation or injury. If any are found send for a physician at once.

8 Do not give infant a tub bath until the navel is healed. The first bath should be given with either liquid albolene or olive oil, paying particular attention to the folds and creases of the body. Wipe dry with a soft clean cloth.

9 Dress infant in simple clean, warm clothes. Wrap in blanket and keep warm. Do not cover face of child.

10 Instruct and encourage every mother to nurse her child, thereby lessening infant mortality.

11 Make careful examination of child before leaving case to see if there is bleeding from cord and the baby in good condition.

Rule 20. Care of patient after labor. After labor, and throughout the lying-in period, the midwife must exercise the same care in washing the hands and in dressing or catheterizing the patient as before and during labor.

Rule 21. Physician to be summoned during lying-in period. If, during the lying-in period, any of the following conditions develop, a physician must be summoned:

- 1 When there are convulsions, persistent headache or dimness of vision
- 2 When there is excessive bleeding
- 3 When there is foul smelling discharge (lochia)
- 4 When there is persistent rise of temperature to 100 degrees F. for twenty-four hours
- 5 When there is swelling and redness of the breasts or soreness of nipples
- 6 When there is a severe chill (rigor) with rise of temperature
- 7 When there is inability to nurse the child.

Rule 22. Physician to be summoned if child develops certain conditions. Every child should be thoroughly examined after birth and if the child has or develops any of the following conditions a physician must be summoned:

- 1 When there is any deformity or malformation or injury
- 2 When there is inability to suckle or nurse
- 3 When there is inflammation around, or discharge from the navel or breasts
- 4 When there is swelling and redness of the eyelids with a discharge of matter from the eyes
- 5 When there is bleeding from the mouth, navel or bowels
- 6 When there is any rash, sores or snuffles--suggestive of syphilis.

Rule 23. Midwife to attend cases seven days after labor. The midwife shall visit her patient at least once daily for seven days after labor, giving the necessary attention to the toilet and bed of both mother and infant. She shall record the pulse and temperature of the mother at each visit and give proper directions as to food of mother and nursing of the child during the periods between her visits; she shall give instructions how to keep the air in the patient's room fresh; she shall arrange to have the baby sleep in a basket or crib, instead of in the bed with the mother; she shall watch constantly for any symptoms of the complications or abnormalities described in rules 5, 21 and 22.

She shall give to the child its daily bath and attend to the dressing of the cord.

Rule 24. Disinfection of midwife's equipment, etc., after infectious disease. Whenever a midwife has been in attendance upon a patient in contact with any person suffering from puerperal fever or from any other conditions known or believed to be infectious, she must disinfect herself, her clothing and all the contents of her bag and other appliances before going to any other maternity patient. In order to disinfect her person a midwife must take a hot bath and must wash her hair. She must disinfect her hands as in rule 8.

She must make an entire change of clothing and have all garments she wore while in attendance upon the infected person washed and boiled. Those garments which cannot be washed should be well and repeatedly shaken during the course of two days, and hung out in the open air so that they may be exposed to the rays of the sun.

Care should be taken to change their exposure frequently so as to insure the sunlight reaching every part.

Should the midwife herself contract a local infection, such as a sore on her hands or an abscess or boil, or a communicable disease, such as diphtheria, scarlet fever, typhoid fever, erysipelas, etc., she shall not attend cases of confinement or visit her patients until she has entirely recovered and disinfected herself, her clothing, and all the contents of her bag and other appliances according to rules 4 and 7 and received a certificate from the local health officer.

After any case of communicable disease the house must be thoroughly cleansed and the floor and surface of midwife's bedroom scrubbed with soap and water. Bedding must be washed and boiled. Carpets, hangings and other articles which cannot be boiled must be sunned and aired.

Rule 25. Report of births. Within five days of the birth of the child, the midwife must file a complete and correct birth certificate with the local registrar of vital statistics of the registration district (town, village or city) in which the birth occurred. It is not sufficient to mail a certificate on the fifth day; it must reach the registrar in correct form within five (5) days.

TITLE IX

RULES AND REGULATIONS ON NARCOTIC CONTROL

Rules Promulgated Pursuant to Authority Vested in the State Commissioner of Health
by Section 3302 (formerly 421-a) of the Public Health Law

(Adopted November 15, 1944; amended April 13, 1954; rescinded as of July 1, 1961;
and reenacted June 2, 1961 to be effective on and after July 1, 1961.)

LICENSES, CERTIFICATES AND REGISTRATIONS

1a. Display. A narcotic license or certificate of approval shall be framed and prominently displayed in the place to which it applies. Biennial registration shall be displayed with the license or certificate but not permanently attached to such license or certificate.

1b. Validity. No narcotic license or certificate of approval shall be considered valid and in good standing unless the indicated activity is conducted at the address stated therein and by the person in whose name issued, and unless the license or certificate is currently registered with the Department.

1c. Return. A narcotic license or certificate of approval shall be promptly returned to the Department upon revocation or suspension or when the activity for which the applicant is licensed or approved has been discontinued.

1d. Unlicensed Activity. No person shall act as a manufacturer or wholesaler in this State, as defined in this Article, without having first obtained a license from this Department so to do.

1e. Unauthorized Activity. No hospital, veterinary hospital, maternity home or hospital, laboratory, dispensary or nursing home shall possess, use, distribute or dispense any narcotic drugs or narcotic preparations as provided by definition in this Article without having first obtained a certificate of approval from the Department so to do.

1f. Licensed Activity Supervised by Pharmacist. No manufacturer or wholesaler shall be licensed by the Department unless he employs a full-time pharmacist, and no manufacturing or wholesale activity shall be conducted unless such activity is under the personal supervision of a pharmacist or is otherwise excepted by this article.

1g. Limited Licenses. A wholesaler may engage in wholesale activities of narcotics and/or exempt narcotic preparations under a "limited license." Such limited license does not authorize possession or custody of narcotics or exempt narcotics but authorizes transmittal of

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orders for narcotics or exempt narcotics to authorized manufacturers or wholesalers. The requirements for a limited license shall be the same as provided by this Article for wholesalers, except that no safeguards are required and such activity does not require the employment or supervision of a pharmacist.

PROFESSIONAL USE OF NARCOTICS

2a. Ordering. No physician, dentist, or veterinarian shall obtain narcotic drugs for his professional use except by means of his official written order forms.

2b. A person authorized by law to obtain narcotic drugs on official order forms shall not use such drugs for the treatment of his own addiction.

NARCOTIC PRESCRIPTIONS

3a. Who May Issue. A prescription for narcotic drugs may be issued only by a physician, dentist, veterinarian, or other practitioner duly registered, or an exempt official.

3b. Purpose of Issue. A prescription, in order to be effective in legalizing the possession of unstamped narcotic drugs, must be issued for legitimate medical purposes only. The responsibility for the proper prescribing and dispensing of narcotic drugs is upon the physician, dentist, veterinarian or other authorized practitioner, but a corresponding liability rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued to an addict or habitual user of narcotics, not in the course of professional treatment but for the purpose of providing the user with narcotics sufficient to keep him comfortable by maintaining his customary use, is not a prescription within the meaning of Section 3301, Subdivision 32, and the person filling such an order, as well as the person issuing it, shall be subject to the penalties provided for violation of the provisions of law relating to narcotic drugs.

3c. Manner of Execution. All prescriptions for narcotic drugs and narcotic preparations not excepted from prescription under Section 3324 shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient and the name, address, and registry number of the prescriber.

A physician, dentist, or veterinarian may sign a prescription in the same manner as he would sign a check or legal document, as for instance, J. H. Smith, John H. Smith, or John Henry Smith. Prescriptions should be written with ink or indelible pencil or typewriter; if type-

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Title IX, Rules 3c, 3d, 3e, 3f,
3g, 3h, 3i

written, they shall be signed by the practitioner. A prescription required to be in writing may be prepared by a secretary or agent for the signature of the prescriber, but the prescriber is responsible in case the prescription does not conform in all essential respects to the law and regulations. A corresponding liability rests upon the pharmacist who fills a prescription not prepared in the form presented by Section 3301, Subdivision 32, and regulations.

3d. Who May Fill. A prescription for narcotic drugs may be filled only by a licensed registered pharmacist in a registered pharmacy authorized to sell narcotic drugs at retail.

3e. Refilling. The refilling of a prescription for narcotics not excepted from prescription under Section 3324 is prohibited. Prescriptions calling for refill by indicating serial numbers of prior narcotic prescriptions are not valid and may not be filled.

3f. Partial Filling. As a general rule, the partial filling of narcotic prescriptions is not permissible. If, however, a pharmacist is unable to supply the full quantity called for on a written or oral prescription and an emergency exists, he may supply a portion of the drug called for on the prescription, provided he makes a suitable notation on the face of the written prescription of the quantity furnished, indicates on the back of the written prescription the reason for not supplying the full quantity, and advises the issuing practitioner thereof. No further quantity shall be supplied except upon a new prescription.

3g. Telephone Orders. Where written prescriptions signed by the practitioner are required, the furnishing of narcotics pursuant to the practitioner's telephone order is prohibited, whether signed prescriptions covering such orders are subsequently received or not, but in an emergency a pharmacist, or his responsible employee or agent, may deliver narcotics pursuant to a telephone order, provided a properly prepared and signed prescription is supplied before delivery is made, which shall be filed by the pharmacist as required by law.

3h. Mixtures. No prescription calling for a mixture containing narcotics and other ingredients shall be filled by supplying only the narcotic drug.

3i. Narcotics Excepted from Prescription under Section 3324 Public Health Law. No more than a total of 4 ounces of any such preparation may be sold or dispensed for individual use at any one time within 24 hours.

Adm. Rules & Regs.
Title IX, Rules 4a, 4b, 4c, 4d

CLASSIFICATION OF NARCOTICS

4a. General. For all practical purposes, narcotics are classified according to their general potency and the degree of control required.

4b. Narcotics Requiring Prescription or Written Order.

1. Taxable

a. Class "A" — Potent narcotics or compounds

b. Class "B" — Less Potent narcotics or compounds

2. Exempt

a. Class "X" — Those narcotics exempt from tax but not excepted from prescriptions under Section 3324 of this Article.

b. Class "M" — Those narcotics exempt from tax and other restrictions under federal law but not excepted from prescription under Section 3324 of this Article.

4c. Exempt Narcotics Excepted from Prescription.

a. Those Class "X" and "M" or exempt preparations which are excepted from prescription under Section 3324 of this Article.

4d. The following are classified as narcotic drugs and subject to provisions of this Article. They require a written signed prescription unless excepted by Section 3324 of this Article:

CLASS "A"

I. Opium and its derivatives and compounds, including but not limited to the following:

(a) Raw, granulated, powdered, deodorized opium, tincture of opium, powdered or solid extracts of opium and opium preparations. #

(b) Mixed alkaloids of opium and their salts. (Pantopon, Spas-malgin)

II. Phenanthrene opium alkaloids, their salts, derivatives and compounds, including but not limited to the following:

(a) Morphine alkaloid, morphine salts, morphine compounds and preparations. #

(b) Diacetylmorphine or Heroin, its salts, compounds and preparations. (Manufacture, sale, distribution or possession is prohibited in the United States). @

(c) Methyilmorphine (codeine) and its salts. #

(d) Ethyilmorphine (Dionin) and its salts. #

(e) Pholcodine (betamorpholinylethylmorphine), its salts, compounds and preparations.

(f) Dihydromorphine (Paramorfan) and its salts, compounds and preparations.

(g) Dihydromorphinone (hydromorphone) and its salts, compounds and preparations. (Dilaudid)

See Class X for compounds permissible as exempt preparations.

@ Manufacture not authorized; no Basic Classes for these drugs.

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(h) Methyldihydromorphinone (metopon) and its salts, compounds and preparations.

(i) Oxymorphone (dihydrohydroxymorphine), its salts, compounds and preparations. @

(j) Oxymorphone (dihydrohydroxymorphinone), its salts, compounds and preparations.

(k) Dihydrocodeine (drocode, Parzone, Rapacodin) and its salts, compounds and preparations. #

(l) Dihydrocodeinone (hydrocodone) and its salts, compounds and preparations. #

(m) Dihydrohydroxycodeinone (oxycodone, Eucodal) and its salts, compounds and preparations.

(n) Benzylmorphine, its salts, compounds and preparations. @

(o) Morphine Methylbromide, its salts, compounds and preparations.

(p) Morphine Methylsulfonate, its salts, compounds and preparations.

(q) Desoxymorphine, its salts, compounds and preparations. @

(r) Dihydrodesoxymorphine-D, its salts, compounds and preparations. (desomorphine) @

(s) Methyldesomorphine, its salts, compounds and preparations. @

(t) Genomorphine (morphine-N-oxide), its salts, compounds and preparations. @

(u) Myrophine (myristyl benzyl morphine), its salts, compounds and preparations. @

(v) Acetylcodeine (acetyldihydrocodeine), its salts, compounds and preparations. @

(w) Thebaine (acedicone, acetyldihydrocodeinone), its salts, compounds and preparations. @

(x) Thebaine, its salts, compounds and preparations.

III. Coca Leaves, their alkaloids, derivatives, extracts or compounds including but not limited to the following:

(a) Cocaine, its salts, compounds and preparations.

(b) Ecgonine, its salts, compounds and preparations.

(c) Tropococaine, its salts, derivatives, compounds and preparations. @

IV. Marihuana (*Cannabis sativa*), its derivatives or compounds. (Marihuana is not presently used for medicinal purposes in the United States). @

V. Pethidine (isonipeccaine, meperidine, Demerol, Dolantin), its salts, compounds and preparations.

VI. Opiates, their salts, derivatives and compounds.

1. Pethidine Group:

See Class X for compounds permissible as exempt preparations.

@ Manufacture not authorized; no Basic Classes for these drugs.

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(a) Anileridine (Leritine, Lerinol), ethyl 1-[2-(p-aminophenyl)-ethyl]-4-phenylpiperidine-4-carboxylate, its salts, compounds and preparations.

(b) Ketobemidone (Ketogan, Cliradon), 4-(3-hydroxyphenyl)-1-methyl-4-piperidyl ethyl ketone or 1-methyl-4-metahydroxyphenyl-4-propionylpiperidine, its salts, compounds and preparations. (Production not authorized in United States). @

(c) Properidine (Gevelina, Ipropethidine, Isopedine, Spasmodosina), isopropyl 1-methyl-4-phenylpiperidine-4-carboxylate, its salts, compounds and preparations. @

(d) Hydroxypethidine (bemidone, oxypetidin), 1-methyl-4-(3-hydroxyphenyl)-piperidine-4-carboxylic acid ethyl ester or 1-methyl-4-metahydroxyphenylpiperidine-4-carboxylic acid ethyl ester, its salts, compounds and preparations. @

(e) Alphaprodine or NU-1196 (Nisentil, Nisintil, Prisiliden), a-1, 3-dimethyl-4-phenyl-4-propionoxypiperidine, its salts, compounds and preparations.

(f) Betaprodine or NU-1779, B-1, 3-dimethyl-4-phenyl-4-propionoxypiperidine, its salts, compounds and preparations. @

(g) Alphameprodine or NU-1932, a-1-methyl-3-ethyl-4-phenyl-4-propionoxypiperidine, its salts, compounds and preparations. @

(h) Betameprodine or NU-1932, B-1-methyl-3-ethyl-4-phenyl-4-propionoxypiperidine, its salts, compounds and preparations. @

(i) Morpheridine (morpholinoethylnorpethidine), 1-(2-morpholinoethyl)-4-phenylpiperidine-4-carboxylic acid ethyl ester or 1-(2-morpholinoethyl)-4-carbethoxy-4-phenylpiperidine, its salts, compounds and preparations. @

(j) Allylprodine (Alperidine, NIH-7440, RO-2-7113), 3-allyl-1-methyl-4-phenyl-4-propionoxypiperidine, its salts, compounds and preparations. @

(k) Piminodine (Alvodine, Anopridine, Cimadon, NIH-7590, WIN-14098), ethyl 4-phenyl-1-[3-(phenylamino)propyl]-4-piperidinecarboxylate, its salts, compounds and preparations.

(l) Diphenoxylate, ethyl 1-(3-cyano-3,3-diphenylpropyl)-4-phenyl-4-piperidinecarboxylate, its salts, compounds and preparations. #

(m) Benzethidine, ethyl 1-(2-benzyloxyethyl)-4-phenyl-4-piperidine-carboxylate, its salts, compounds and preparations. @

(n) Furethidine, ethyl 1-(2-tetrahydrofurfuryloxyethyl)-4-phenyl-4-piperidinecarboxylate, its salts, compounds and preparations. @

2. Methadone Group:

(a) Methadone (Adanon, Amidone, Dolophine, Methadon), 4,4-diphenyl-6-dimethylaminoheptanone-3 or 6-dimethylamino-4,4-diphenyl-3-heptanone, its salts, compounds and preparations.

See Class X for compounds permissible as exempt preparations.

@ Manufacture not authorized; no Basic Classes for these drugs.

(b) Isomethadone (Isoadanon, Isoamidone), 4, 4-diphenyl-5-methyl-6-dimethylaminoheptanone-3 or 6-dimethylamino-5-methyl-4, 4-diphenyl-3-hexanone, its salts, compounds and preparations.

(c) Acetylmethadol (methadyl acetate), 4, 4-diphenyl-6-dimethylamino-3-acetoxyheptane or 6-dimethylamino-4, 4-diphenyl-3-acetoxyheptane, its salts, compounds and preparations. @

(d) Alphacetylmethadol, a-6-dimethylamino-4, 4-diphenyl-3-acetoxyheptane, its salts, compounds and preparations. @

(e) Betacetylmethadol, B-6-dimethylamino-4, 4-diphenyl-3-acetoxyheptane, its salts, compounds and preparations. @

(f) Alphamethadol, a-6-dimethylamino-4, 4-diphenyl-3-heptanol, its salts, compounds and preparations. @

(g) Dimepheptanol (Methadol, Pangerin, Amidol, NIH-2933), 4, 4-diphenyl-6-dimethylaminoheptanol-3 or 6-dimethylamino-4, 4-diphenyl-3-heptanol, its salts, compounds and preparations. @

(h) Dipipanone (Pipadone, Phenylpiperone, Fenpidon, Pamedon, piperidylamidone, piperidylmethadone), 4, 4-diphenyl-6-piperidino-3-heptanone, its salts, compounds and preparations. @

(i) Normethadone (Deatussan, Mepidon, Normedon, Phenyl-dimazone, Ticarda, Veryl), 4, 4-diphenyl-6-dimethylamino-3-hexanone, its salts, compounds and preparations. @

(j) Phenadoxone or CB-11 (Hepagin, Heptalgin, Heptalin, Heptan, Heptazone, Heptone), 4, 4-diphenyl-6-morpholinoheptanone-3 or 6-morpholino-4, 4-diphenyl-3-heptanone, its salts, compounds and preparations. @

(k) Dimenoxadol (NIH-7577, Lokarin), dimethylaminoethyl 1-ethoxy-1, 1-diphenylacetate or dimethylaminoethyl diphenyl-a-ethoxyacetate, its salts, compounds and preparations. @

(l) Dioxaphetyl Butyrate (Amidalgon, Spasmoxale), ethyl 2, 2-diphenyl-4-morpholinobutyrate, its salts, compounds and preparations. @

(m) Racemoramide, d, 1-3-methyl-2, 2-diphenyl-4-morpholinobutyrylpyrrolidine, its salts, compounds and preparations. @

(n) Dextromoramide (Palfium, Jetrium, Pyrrolamidol R-875, SKF-d-5137), d-3-methyl-2, 2-diphenyl-4-morpholino-butyrylpyrrolidine or d-2, 2-diphenyl-3-methyl-4-morpholino-butyrylpyrrolidine, its salts, compounds and preparations. @

3. Morphinan Group:

(a) Racemorphan (Citarin, Methorphan), d, 1-3-hydroxy-N-methylmorphinan, its salts, compounds and preparations.

(b) Levorphanol (Dromoran, Levo-Dromoran, Levorphan, Aromarine), 1-3-hydroxy-N-methylmorphinan, its salts, compounds and preparations.

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(c) Dextrorphan, d-3-hydroxy-N-methylmorphinan, its salts, compounds and preparations. @

(d) Levomethorphan, 1-3-methoxy-N-methylmorphinan, its salts, compounds and preparations.

(e) Racemethorphan, d, 1-3-methoxy-N-methylmorphinan, its salts, compounds and preparations.

(f) Norlevorphanol (NIH-7539), (-)-3-hydroxynormorphinan, its salts, compounds and preparations. @

(g) Levophenacylmorphinan (NIH-7525, RO-4-0288), (-)-3-hydroxy-N-phenacylmorphinan, its salts, compounds and preparations. @

(h) Phenomorphinan (NIH-7274), 3-hydroxy-N-phenethylmorphinan, its racemic and levorotatory forms (but excepting its dextrorotatory form), their salts, compounds and preparations. @

(i) Metazocine (methobenzorphan, NIH-7539), 2'-hydroxy-2,5,9-trimethyl-6,7-benzomorphinan, its salts, compounds and preparations.

(j) Phenazocine (phenobenzorphan, Prinadol, NIH-7519, SKF-6574), 2'-hydroxy-5,9-dimethyl-2-(2-phenylethyl)-6,7-benzorphan, its salts, compounds and preparations.

4. Thiambutene Group:

(a) Diethylthiambutene (diethibutin, Themalon, diethylambutene), 3-diethylamino-1,1-di-(2-thienyl)-1-butene, its salts, compounds and preparations. @

(b) Dimethylthiambutene (aminobutene, dimethibutin, Kobaton, Ohton, Skikiton, Takaton), 3-dimethylamino-1,1-di-(2-thienyl)-1-butene, its salts, compounds and preparations. @

(c) Ethylmethylthiambutene (Emethibutin, ethylmethiambutene), 3-ethylmethylamino-1,1-di-(2-thienyl)-1-butene, its salts, compounds and preparations. @

5. Others:

(a) Proheptazine (Proheptazone), 1,3-dimethyl-4-phenyl-4-propionoxyhexamethyleneimine, its salts, compounds and preparations. @

(b) Diampromide, N-[2-([Methyl]-phenethylamino)-propyl]-propionanilide, its salts, compounds and preparations. @

(c) Phenampromide, N-(1-methyl-2-piperidinoethyl)-propionanilide, its salts, compounds and preparations. @

(d) Clonitazene, 2-(p-chlorobenzyl)-1-diethylaminoethyl-5-nitrobenzimidazole, its salts, compounds and preparations. @

(e) Etonitazene, 2-(p-ethoxybenzyl)-1-diethylaminoethyl-5-nitrobenzimidazole, its salts, compounds and preparations. @

CLASS B

1. Isoquinoline alkaloids of opium, or any of their salts.
 - (a) Noscapine (Narcotine) #
 - (b) Papaverine #
 - (c) Cotarnine #
 - (d) Narceine #
 - (e) Meconin @
2. Apomorphine or any of its salts, alone or in combination with other active non-narcotic medicinal ingredients.
3. Nalorphine (N-allyl-normorphine) or any of its salts. #
4. (a) Compounds of methylmorphine (codeine), or any of its salts, with equal or greater quantity of isoquinoline alkaloid where codeine content does not exceed eight (8) grains per fluid ounce or one grain per dosage unit. (Copavin, etc.)
(b) Compounds of methylmorphine (codeine), or any of its salts, with one or more active non-narcotic ingredients in therapeutic amounts where codeine content does not exceed eight (8) grains per fluid ounce or one grain per dosage unit. (Codesal, Codempiral, Edrisal with Codeine, etc.)
5. (a) Compounds of dihydrocodeinone, or any of its salts, with a four-fold quantity of any isoquinoline alkaloid where dihydrocodeinone content does not exceed one and one-third grains per fluid ounce or one-sixth grain per dosage unit.
(b) Compounds of dihydrocodeinone, or any of its salts, with one or more active non-narcotic ingredients in therapeutic amounts where dihydrocodeinone content does not exceed one and one-third grains per fluid ounce or one-sixth grain per dosage unit. (Tussionex, etc.)
6. Compounds of dihydrocodeine, or any of its salts, with one or more active non-narcotic medicinal ingredients in therapeutic amounts where the dihydrocodeine does not exceed eight (8) grains per fluid ounce or one grain per dosage unit.
7. Compounds of dihydrohydroxycodeinone (oxycodone, Eucodal, etc.), or any of its salts, with one or more active non-narcotic ingredients in therapeutic amounts where the dihydrohydroxycodeinone does not exceed two-thirds grain per fluid ounce or one-twelfth grain per dosage unit.
8. Compounds of ethylmorphine, or any of its salts, with one or more active non-narcotic ingredients in therapeutic amounts where the ethylmorphine content does not exceed one and one-third grains per fluid ounce or one-sixth grain per dosage unit.

See Class M for preparations classified as exempt.

@ Manufacture not authorized; no Basic Classes for these drugs.

Adm. Rules & Regs.
Title IX, Rule 4d

CLASS "X" NARCOTIC DRUGS (EXEMPT PREPARATIONS)

1. Opium Preparations: containing not more than two grains of opium per fluid or avoirdupois ounce along with therapeutically active non-narcotic ingredients.
2. Morphine Preparations: containing not more than one-fourth grain morphine, or any of its salts, per fluid avoirdupois ounce.
3. Codeine Preparations: containing not more than one grain codeine, or any of its salts, per fluid or avoirdupois ounce.
4. Dihydrocodeine Preparations: containing not more than one-half grain dihydrocodeine, or any of its salts, per fluid or avoirdupois ounce.
5. Ethylmorphine Preparations: containing not more than one-fourth grain ethylmorphine, or any of its salts, per fluid or avoirdupois ounce.
6. Diphenoxylate Preparations: pharmaceutical preparations in solid forms containing not more than 2.5 mg. diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit.

CLASS "M" NARCOTIC DRUGS

1. Noscapine Preparations: any pharmaceutical preparation containing noscapine without limit in quantity, along with either active or inactive non-narcotic ingredients of the type used in medicinal preparations.
2. Papaverine Preparations: any pharmaceutical preparation containing papaverine, without limit in quantity, along with either active or inactive non-narcotic ingredients of the type used in medicinal preparations.
3. Narceine Preparations: any pharmaceutical preparation containing narceine, without limit in quantity, along with either active or inactive non-narcotic ingredients of the type used in medicinal preparations.
4. Cotarnine Preparations: any pharmaceutical preparation containing cotarnine, without limit in quantity, along with either active or inactive non-narcotic ingredients of the type used in medicinal preparations.
5. Nalorphine Preparations: any pharmaceutical preparation containing nalorphine, without limit in quantity, along with either active or inactive non-narcotic ingredients of the type used in medicinal preparations. (Nalline, etc.)

SAFEGUARDING NARCOTICS

5a. General Requirements.

1. Narcotic drugs and preparations shall at all times be properly safeguarded and securely kept where they will be available for inspection by properly authorized officers, agents and employees of the State Narcotic Bureau and of the United States Treasury Department.

2. Access to any narcotic stocks should be limited to that minimum number of employees actually required to have access to efficiently handle the manufacture, wholesaling, custody, dispensing, administration, or other handling of narcotic drugs.

3. The administrative head of certified hospitals, laboratories, dispensaries and nursing homes is responsible for the proper safeguarding and handling of narcotics within the hospital. An administrative head is not relieved of any responsibility to detect and correct any diversion or mishandling of narcotics by pharmacists, doctors, nurses or other employees, if such responsibility is delegated to any of the aforementioned.

5b. Manufacturers and Wholesalers of Taxable Narcotics. Manufacturers of taxable and exempt narcotics and wholesalers of taxable narcotics must provide a strong enclosure and effective electrical protection as follows:

(1) For Class "A" stock, both a strong enclosure and effective electrical protection.

(2) For Class "B" stock, either a strong enclosure or a secure room with effective electrical protection.

(3) For Class "X" and Class "M" stock, a separate enclosure should be provided unless the entire area offers reasonable security, and is closely supervised. Exempt narcotic stocks should be given at least the protection reasonably required for other, non-narcotic merchandise of similar volume and value.

(4) As used in (1) and (2) above, the term "strong enclosure" means a safe or vault of adequate capacity. Safes should have an Underwriters' Laboratories Burglary Rating of T-20 or better or be the equivalent of such a safe. If the safe weighs less than 750 pounds, it shall be bolted or cemented to the floor or wall in such a way that it cannot be removed, unless it is completely surrounded by an electrically-wired cabinet connected with a central station agency or police or is protected by central station electronic devices which set off the alarm signal upon approach of a marauder. Vaults should be of substantial masonry. For new construction, not less than 8 inches of reinforced concrete for floor, walls and ceiling, but less may be accepted where there are compensating extra safeguards. There should be a regular, combination-locked steel vault door.

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Title IX, Rules 5b, 5c, 5d, 5e

(5) The term "effective electrical protection" as used in (1) and (2) above means an electrical alarm system with (a) complete coverage of the enclosure (floor, ceiling and walls), i.e., the enclosure must be completely surrounded by the alarm activating mechanism or wiring; (b) connection to a central station or police station; (c) tamper-proof equipment approved by Underwriters' Laboratories as Grade A (closed circuit); and (d) an effective response. The person or police signalled must have a legal duty to respond.

(6) Where a manufacturer or wholesaler carries only one type of stock or where the stocks are completely segregated by classes (A, B, X, or M) the appropriate standard as above set out will be applied to each of the respective stocks. Where two or more classes of stock are stored within the same enclosure, the standard for the more potent stock involved will be applied.

(7) In any instance where special hazards exist, such as extremely large stock, particularly exposed surroundings, additional safeguards may be required. However, if the registrant has provided other safeguards which can be regarded as an adequate substitute for some element of protection mentioned above, such as full perimeter electrical protection on the building or supervised watchman service, this added protection may be taken into account in evaluating the over-all standards required. Similarly, if the stocks maintained are small, or the location is in a well-policed area, all such factors may be taken into account.

5c Hospitals, Laboratories

1. Narcotics must be kept in a locked, secure place.
2. Reserve or main stocks shall be kept in a safe of X-60 Underwriters' rating or better. A safe with a T-20 rating may be acceptable for small stocks.
3. Ward, floor, station or working stocks shall be kept in double cabinets under locked protection of suitable locks and keys. Spring locks or combination dial locks are not acceptable. Both cabinets, inner and outer, shall be stationary.
4. Any safe weighing less than 750 pounds should be securely anchored in concrete to the floor or wall to prevent its being carried away.

5d. Dispensaries

1. Exempt narcotics must be kept in a locked cabinet with suitable lock and key.

5e. Nursing Homes

1. Narcotics prescribed for patients shall be kept in double cabinets, under locked protection of suitable locks and keys. Spring locks

or combination dial locks are not suitable. Both inner and outer cabinets should be stationary.

2. Exempt narcotics must be kept in a locked cabinet with suitable lock and key.

MISCELLANEOUS

6a. Hospitals

1. Written narcotic orders for hospitalized patients must be signed by interne, resident or attending physicians.

2. Internes possessing limited (LTD) narcotic special tax registration may prescribe narcotics for any patient in connection with their hospital duties.

3. The physician's or interne's full signature is required on the doctor's order sheet.

4. "P.R.N." orders for narcotics are permissible but such orders are not valid beyond 72 hours, regardless of the type of case treated. "P.R.N." orders must be rewritten at least every 72 hours.

5. Narcotics should be drawn immediately before administration is to be made.

6. Standing orders or routine administration of narcotics (example—pre-operative medication), are not permissible.

6b. Nursing Homes

1. Narcotics must be prescribed for individual patient use only.

2. Narcotics prescribed for one patient may not be administered to any other patient.

3. Patients leaving any nursing home may take narcotics prescribed for them if the prescribing physician does not otherwise direct. A receipt must be obtained for narcotics given to discharged patients.

4. Narcotics prescribed for individual patients, if no longer required by the patient, must be surrendered to the New York State Narcotic Bureau or United States Bureau of Narcotics. They are not to be returned to the prescriber or dispensing pharmacist.

5. Narcotics should be inventoried on the prescribed form in triplicate and forwarded by prepaid express to the New York State Narcotic Bureau.

6. Narcotics dispensed by physicians from their own stock may be returned to the physician if no longer required by the patient. If physicians refuse the return, the narcotics should be returned as specified in item (5).

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Title IX, Rule 6c

6c. Receipts for Prescriptions. Narcotic prescriptions which are on file at a pharmacy and which may be required as evidence of a violation in connection with an investigation by this Department shall be released to a Narcotics Investigator upon his request and upon furnishing a receipt therefore on a form provided for that purpose bearing the notation: In order to conform with the Federal Harrison Narcotic Act and Section 3322 of the New York State Narcotic Drug Law, this receipt must be kept on file for at least two (2) years.

TITLE X

CONDITIONS UNDER WHICH A DOG ACTIVELY IMMUNIZED AGAINST RABIES MAY BE AT LARGE IN DESIGNATED AREAS CERTIFIED FOR RABIES

Rules Promulgated Pursuant to Authority Vested in the State Commissioner of Health
by Section 2140 of the Public Health Law

(Adopted June 8, 1945; amended March 29, 1946; repealed and re-enacted August 1, 1948, amended August 1, 1949, April 13, 1954, repealed March 20, 1956, re-enacted March 21, 1956, to be effective on and after March 21, 1956.)

1. Definitions. (a) "Active immunization," to permit a dog to be at large,* shall mean the injection of antirabic vaccine approved by the state commissioner of health which meets the standards prescribed by the United States Department of Agriculture for Interstate sale,** has been kept properly refrigerated until used, and has been administered by a duly licensed veterinarian not later than the expiration date on the package. When modified live virus is used, 3 ml. shall be injected intramuscularly in the hind leg in one site and at one time, unless otherwise specified. Killed virus vaccines of brain tissue origin shall be injected subcutaneously in amounts of not less than 5 ml. at one time but in several sites if necessary.

(b) "Certified area" means an area certified by the State Commissioner of Health in accordance with section 2140 of article 21 of the Public Health Law as one in which, or in the vicinity of which, rabies exists.

(c) "Designated area" means an area which the State Commissioner of Health has designated as one in which dogs which have been actively immunized against rabies in accordance with the provisions in the rules may be permitted to be at large.

2. Privilege of vaccinated dogs to run at large in a designated area. The privilege of vaccinated dogs to run at large in a designated area shall not apply

(a) To any dog until 21 days following vaccination with anti-rabies vaccine;

* In accordance with Section 2140, Article 21 of the Public Health Law "at large" means "elsewhere than on the premises of the owner, except it be on the premises of another person with the knowledge and assent of such other person." An opinion from the Attorney General states that a dog on leash is not "at large" within the meaning of this statute (1943, op. Atty. Gen. 290).

** Such products have the legend, "U.S. Veterinary License No.—" printed on all containers.

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Title X, Rules 3, 4

(b) To any dog after four years from its last vaccination against rabies providing modified live virus vaccine was used;

(c) To any dog after one year from its last vaccination against rabies providing killed vaccine of brain tissue origin was used;

(d) To any dog which has been bitten by or has been in intimate contact with a rabid animal from the date of such bite or exposure until four months later, except that dogs vaccinated with modified live virus vaccine within the interval of three weeks to four years prior to exposure shall be permitted to remain at large providing a booster injection of modified live virus vaccine is given within five days of exposure.***

(e) To any dog which has bitten a person until one week after such bite.***

3. Additional conditions to be complied with. (a) The veterinarian administering the vaccine shall give to the owner**** of the dog a signed statement which shall give the name and address of owner, and date or dates of vaccination together with the type of vaccine injected, the amount and manner of injection, name of manufacturer, lot number, and expiration date of the vaccine.

(b) The owner shall keep this statement readily available for inspection by official agents concerned with the control of rabies.

(c) The veterinarian administering the vaccine shall attach an indestructible tag securely to the collar of the dog indicating that the dog has been vaccinated against rabies, with the date of last vaccination marked on the tag, which shall be worn by the dog at all times, and which shall be of a size plainly visible at a reasonable distance for purposes of inspection by officials concerned, and readily distinguishable from the dog license tag.

4. Requirements for designated area. (a) An area may be designated after at least 70 per cent of the enumerated dogs are reported to have been vaccinated against rabies either with modified live virus vaccine during the previous four years or with brain tissue vaccine within the previous year.

(b) An area may be designated upon receipt of a resolution from the Board of Supervisors of the county, requesting the State Commissioner of Health to permit all dogs vaccinated against rabies to run at large, whereupon the Commissioner may grant such privilege subject to the

***See Regulation 5, Chapter II, Sanitary Code.

****Section 107 of the Agriculture and Markets Law states: "The word 'owner' includes a person harboring or keeping a dog."

limitations of paragraph No. 2 of these rules and subject to the following conditions:

(1) That the Board of Supervisors shall have provided funds and made the necessary arrangements for giving dog owners the opportunity of having their dogs vaccinated.

(2) That every effort shall be made to permit only vaccinated dogs to run at large.

(3) That, if within 4 months of the date of granting this request, 70 per cent or more of the enumerated dog population have not been vaccinated, the Commissioner may revoke this privilege.

Designation may be revoked at any time for failure to enforce the provisions of the Public Health Law or the Sanitary Code.

TITLE XI

**NEW YORK STATE REHABILITATION HOSPITAL, WEST
HAVERSTRAW, N. Y.**

POLICIES GOVERNING ADMISSIONS, CHARGES, AND DISCHARGES

Rules Promulgated Pursuant to Authority Vested in the State Commissioner of Health
by Section 2601 of the Public Health Law

(New York State Reconstruction Hospital,* West Haverstraw, N.Y. — Admission of Patients — Adopted January 1, 1932, repealed May 19, 1952. New York State Rehabilitation Hospital, West Haverstraw, N.Y. — Policies Governing Admissions, Charges, and Discharges — enacted May 19, 1952, amended April 9, 1956, to be effective on and after April 9, 1956.)

Rule 1. Eligibility for admission. The purpose of the hospital is to provide specialized medical, surgical and rehabilitative services to persons suffering or likely to suffer from physically handicapping defects, from the viewpoint of correcting such defects, preventing progression, and training the patients to make maximal use of their residual physical capacities. A person of any age who resides in the State of New York or was present in the State when his condition originated and who is considered as having good potentialities for benefiting from these services is eligible for admission, provided that such admission is not for the principal purpose of effecting rehabilitation for blindness, deaf mutism, mental illness, or mental deficiency.

Rule 2. Guarantee of expense. Adequate guarantee of payment of the fees for hospitalization, as established by the State Commissioner of Health, shall be required in each instance before admission of any patient. If payment is to be made from public funds, an order issued by a judge of a children's court, or by a local welfare department, or by a county board of supervisors, or an authorization issued by the commissioner of health of the City of New York, shall be required before admission.

Rule 3. Procedure for filing application. (a) Applications shall be made upon forms provided for the purpose and obtainable upon request from the New York State Rehabilitation Hospital, the New York State Department of Health in Albany, and district state health offices or the full-time local health departments.

(b) Each application, properly filled out and containing the required information, shall be signed by the patient if he (or she) is an adult, or, in the case of a child, by the person legally responsible for his or her care and support, or by the children's court judge contemplating issuance of an order. The completed application shall be accompanied by a statement by the health officer or the attending physician giving information regarding the physical and mental status of the patient and recommending admission of the patient to the hospital and shall be forwarded to the director.

* Name of hospital changed from Reconstruction Home by Laws of 1948, Chapter 54.

Adm. Rules & Regs.
Title XI, Rules 4, 5, 6,
7, 8, 9, 10, 11

Rule 4. Expenses prior to admission. Except when specifically authorized by the State Commissioner of Health or his authorized representative, expenses incurred previous to admission for the purpose of complying with requirements for admission other than authorized expenses incurred by State employees in the line of duty, shall not be a charge upon the State.

Rule 5. Emergencies. The director shall have authority to waive any of the prescribed requirements for admission, other than those relating to financial responsibility, when in his judgment an emergency exists requiring immediate admission of a patient. Upon waiving any such requirements he shall immediately cause a report of the facts and the reasons for such waiver to be made to the State Department of Health.

Rule 6. Vacancies. The director shall have authority to maintain such a number of vacancies as in his judgment will make adequate provision for immediate admission of possible emergency cases.

Rule 7. Reports to Department of Health. The director shall immediately report each admission to the State Department of Health, such report to include the name, age, and home address of the patient, a description of his physical condition, with such additional information as may be required.

Rule 8. Priority of admissions. Preference in admission shall be given to those cases most in need of the type of service the institution can provide; otherwise, so far as practicable, patients shall be admitted in the order in which the applications were approved.

Rule 9. Charge for maintenance. The director shall, from time to time, determine what shall be the daily or weekly maintenance rate per patient, and when such rate has been approved by the State Commissioner of Health, it shall be the basis of all charges for care and maintenance.

Rule 10. Payment of maintenance charges. The director shall render bills at suitable intervals and a final bill immediately on discharge of the patient, to the person in each instance who guaranteed payment, or, if payment is to be made from public funds, to the proper fiscal officer of the county or municipality indicated.

Rule 11. Discharges. Authority to determine when such patient shall be discharged shall rest with the surgeon-in-chief. The director shall notify the State Department of Health of each discharge, so far as practicable a week in advance, indicating in each instance the name of the patient, his physical condition, and the reason for discharge. The State Department of Health, upon request of the director, will, if practicable, make necessary arrangements for transfer of the patient to the place to which he is to be removed.

Adm. Rules & Regs.
Title XI, Rule 12

Rule 12. Supervision after discharge. The district and local department of health will, wherever necessary and practicable, provide suitable supervision of patients after discharge and at appropriate intervals will report to the surgeon-in-chief the condition of such discharged patients.

TITLE XII

LIMITATIONS OF STATE AID FOR GENERAL PUBLIC HEALTH WORK: COUNTIES AND CITIES

Limitations Promulgated by the State Commissioner of Health Pursuant to Authority
Vested in him by Article 6 of the Public Health Law

(Adopted January 1, 1947. Reenacted October 13, 1955, effective January 1, 1956; amended January 9, 1956, November 27, 1956, November 20, 1957, October 15, 1958; August 25, 1959, August 8, 1960, November 18, 1960, and October 20, 1961, to be effective on and after January 1, 1962).

Rule 1. Applications for State Aid.

a. Applications from counties and cities for state aid, together with detailed budgets of proposed expenditures as adopted for the general public health programs, copies of pertinent resolutions, and of contracts for services to be rendered to other units of government, must be received at the office of the New York State Department of Health on or before January 1st.

b. If the budget as adopted does not indicate the subdivisions of the department or agency, the title, annual salary rate and amount for each position, the amount budgeted for traveling expenses, purchase of equipment, purchase of automobiles, rental of space, the amount for other expenses, and the expected revenues, then this information must also be furnished.

c. The initial application must be accompanied by a narrative statement of the functions of the various subdivisions of the department or agency. All proposed major changes in subsequent budgets should be explained but so far as functions are concerned, it need indicate only the changes from the activities included in the descriptive statement attached to the initial application.

Rule 2. Personnel. Personnel shall be qualified for their respective positions. In New York City, personnel shall possess at the time of appointment the qualifications established for the positions by the Civil Service Commission of the New York City Department of Personnel. In the remainder of the State, personnel appointed to positions for which qualifications have been established by Chapter XI of the State Sanitary Code shall possess such qualifications at the time of appointment; if not so established, the position title and qualifications therefor must be approved by the State Commissioner of Health.

Adm. Rules & Regs.
Title XII, Rules 3, 4, 5, 6

Rule 3. Reports. County and city health commissioners and the staff of unorganized counties shall maintain such records and submit such reports as may be required by the State Commissioner of Health.

Rule 4. Availability of Services. Health services rendered by health agencies to children in public schools must, when requested, also be made available to children in non-public schools located within the jurisdiction of the health agency.

Rule 5. Compliance with Regulations.

a. All counties and cities referred to herein shall comply with the requirements of the Public Health Law and with the regulations of the State Sanitary Code or the New York City Sanitary Code as applicable.

b. All counties and cities referred to herein shall at all times comply with State Department of Health regulations as to the confidential nature of all information collected in the Maternal and Child Health and Crippled Children's Programs.

Rule 6. Limitations of Grants.

a. State aid will be granted as follows:

(1) County or part-county health districts.

(a) The cost of establishing and operating the county or part-county health department subsequent to the initial appointment of a full-time commissioner or director of health of the county or part-county health district (exception — see § 351 and § 352 of the Public Health Law), and a director of public health engineering and environmental sanitation, and a director of public health nursing; provided that public health projects and personnel are under the immediate direction of the commissioner or director of health or a deputy health officer of the county or part-county health district. Vacancies in the position of commissioner or director of health shall be filled promptly, preferably within six months;

(b) The cost of maintaining and operating mental hygiene clinics established prior to July 1, 1954, subject to the approval of the Commissioner of Mental Hygiene;

(c) The cost of maintaining and operating approved preventive, diagnostic, consultation and detection clinics;

(d) The cost of certain approved drugs, biological products, immunizing agents, and supplies and equipment for use in accordance with a program approved by the State Department of Health;

(e) The purchase of approved drugs for the treatment of non-hospitalized tuberculosis patients, whenever such patients are receiving therapy under the continuous and direct supervision of an approved health department tuberculosis clinic or in a tuberculosis facility approved by the state and local health departments;

(f) The cost of construction or establishment and the operating deficit of county general hospitals subject to the following conditions:

(1) The population of the county at the last preceding federal census shall be less than fifty thousand prior to initial approval of state aid. When and if the population of such a county thereafter exceeds sixty thousand as shown by the published decennial federal census, state aid reimbursement shall be computed and paid in each of the five subsequent county fiscal years as follows: the first year, 50%; the second year, 40%; the third year, 30%; the fourth year, 20% and the fifth year, 10%. Thereafter, state aid reimbursement for the operating deficit of the county general hospital shall be discontinued.

(2) The county shall have a demonstrable need for additional or improved hospital services.

(3) The county shall have established and shall continue to maintain a county health department which shall include the total area of the county.

(4) The plans for a county general hospital to be constructed, established or maintained shall be approved by the State Commissioner of Health and shall provide suitable quarters and facilities within the hospital for the county health department personnel and for the efficient performance of their services.

(5) Provisions shall be made for the proper coordination of the services of the hospital and of the county health department including the appointment of the health commissioner as an ex-officio member of the board of managers of the county general hospital. If it is contemplated to request 75% state aid on the first one hundred thousand dollars of the combined expenditures of the county health department and the county general hospital, such coordination shall include the following additional requirements:

(i) The board of managers of the hospital shall be composed of the same persons as the board of health;

(ii) The appointment of the superintendent of the hospital by the board of managers shall be approved by the health commissioner;

(iii) The operation of the hospital by the superintendent shall be under the general supervision of the health commissioner;

(iv) The budget of the hospital shall be approved by the health commissioner and be a part of the total request for state aid for public health purposes;

(g) Salaries and expenses of registered professional nurses and licensed practical nurses employed to provide illness care at home or clinic service under the supervision of qualified public health nurses; provided the caseload of illness care and clinic service warrants such employment, and the ratio of such nurses to public health nurses shall not be more than one to two public health nurses. This ratio shall not be exceeded except under special circumstances approved by the State Commissioner of Health;

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Title XII, Rule 6

(h) Salaries and expenses of therapists as part of the medical rehabilitation team; the cost of maintaining and operating clinics for the physically handicapped; individual consultation services authorized by the health commissioner as part of the medical rehabilitation program, including necessary x-ray and laboratory services;

(i) The cost of reimbursement for services at tumor clinics, tumor diagnostic clinics and cancer detection centers as part of the cancer control program;

(j) The costs, including purchase of approved equipment, in connection with environmental sanitation control programs;

(k) The costs for investigation, inspection, and advisory services which are a part of control programs undertaken in the supervision of environmental sanitation services;

(l) Other public health programs or activities, including research and the training of public health personnel (pre-service and continuation), submitted to the State Commissioner of Health for consideration and receiving favorable action by him.

(2) Counties not organized as county or part-county health districts, wherein provision for public health services is made for the entire county exclusive of cities with 50,000 or more population according to the last preceding federal census, based on demonstrated health needs and available facilities and in accordance with a plan of service distribution approved by the state department of health and the county public health committee.

(a) The salaries and expenses of public health personnel approved by the State Commissioner of Health and employed under the authority of Article 3, Section 356 of the Public Health Law and performing their duties under the direction of the county public health committee and under the general supervision of the district health officer;

(b) Salaries and expenses of registered professional nurses and licensed practical nurses employed to provide illness care at home or clinic service under the supervision of qualified public health nurses; provided the caseload of illness care and clinic service warrants such employment, and the ratio of such nurses to public health nurses shall not be more than one to two public health nurses. This ratio shall not be exceeded except under special circumstances approved by the State Commissioner of Health;

(c) The cost of maintaining and operating approved preventive, diagnostic, consultation and detection clinics;

(d) The cost of certain approved drugs, biological products, immunizing agents, and supplies and equipment for use in accordance with a program approved by the State Department of Health;

(e) The costs, including purchase of approved equipment, in connection with environmental sanitation control programs;

(f) The cost of the operating deficit for maintaining and operating county general hospital facilities for which state aid was paid during the county fiscal year 1945-46;

(g) Other public health programs or activities, including the training of public health personnel (pre-service and continuation), submitted to the State Commissioner of Health for consideration and receiving favorable action by him.

(3) Cities with 50,000 or more population according to the last preceding federal census.

(a) Cost of operating the city health department, provided that public health projects and personnel shall be under the immediate direction of the qualified full-time city health officer or of a deputy health officer. Vacancies in the position of health officer shall be filled promptly, preferably within six months;

(b) The cost of maintaining and operating approved preventive, diagnostic, consultation and detection clinics;

(c) The cost of certain approved drugs, biological products, immunizing agents, and supplies and equipment for use in accordance with a program approved by the State Department of Health;

(d) For the purchase of approved drugs for the treatment of non-hospitalized tuberculosis patients, whenever such patients are receiving therapy under the continuous and direct supervision of an approved health department tuberculosis clinic or in a tuberculosis facility approved by the state and local health departments;

(e) Salaries and expenses of registered professional nurses and licensed practical nurses employed to provide illness care at home or clinic service under the supervision of qualified public health nurses; provided the caseload of illness care and clinic service warrants such employment, and the ratio of such nurses to public health nurses shall not be more than one to two public health nurses. This ratio shall not be exceeded except under special circumstances approved by the State Commissioner of Health;

(f) Salaries and expenses of therapists as part of the medical rehabilitation team; the cost of maintaining and operating clinics for the physically handicapped; individual consultation services authorized by the health officer as part of the medical rehabilitation program, including necessary x-ray and laboratory services;

(g) The cost of reimbursement for services at tumor clinics, tumor diagnostic clinics and cancer detection centers as part of the cancer control programs;

(h) The costs, including purchase of approved equipment, in connection with environmental sanitation control programs;

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Title XII, Rule 6

(i) The costs for investigation, inspection, and advisory services which are a part of control programs undertaken in the supervision of environmental sanitation services;

(j) Other public health programs or activities, including research and the training of public health personnel (pre-service and continuation), submitted to the State Commissioner of Health for consideration and receiving favorable action by him.

b. Projects or services excluded from state aid reimbursement are:

(1) Activities for which state aid is otherwise specifically provided by any state law. Cost of hospital care and treatment given to patients receiving welfare assistance under the following categories will be excluded where state aid is approved by the State Department of Health for the operating deficit of a county general hospital:

(a) Old age assistance.

(b) Aid to dependent children.

(c) Aid to the blind.

(d) Aid to the disabled.

(e) Medical assistance for the aged.

(f) Any other category for which state or federal aid is available from the State Department of Social Welfare.

(2) The employment of public health nurses unless working under the direction of a nurse meeting the qualifications of a Public Health Nurse for Direction.

(3) The employment of "senior public health nurses for field service" except those holding civil service status under that title on December 31, 1959.

(4) The construction or establishment of public hospitals, clinics, laboratories, dispensaries or similar facilities, except as specified in item 6a(1)(f) above.

(5) The maintenance and operation of communicable disease hospitals, general hospitals and medical dispensaries (exclusive of diagnostic and preventive services), except as specified in items 6a(1)(f) and 6a(2)(f) above.

(6) Plumbing inspection for the purpose of checking conformity with building code provisions.

(7) The maintenance and operation of an ambulance service.

(8) The construction, maintenance and operation of water and sewage treatment plants, swimming pools and bathing beaches, facilities for garbage and refuse collection or disposal and public bath houses.

(9) Cost of treatment of public water supplies including fluoridation.

(10) Compensation or expenses paid boards of examiners such as boards of midwife examiners, plumbing examiners, barbers, etc.

(11) Contributions by counties and cities for employee health insurance and retirement funds including Social Security.

(12) All rentals for space utilized for health department purposes, if such rentals are payable to the same city or county as operates the health department.

(13) Purchase of supplies and equipment for medical civil defense activities; salaries and expenses of staff employed specifically for medical civil defense.

(14) Compensation paid health officers or their designees for participation in the procedure for admission of patients to mental hospitals or institutions on "Certificate of Health Officer."

(15) The cost of hospital care of patients with communicable diseases.

TITLE XIII

CONDUCT OF STATE TUBERCULOSIS HOSPITALS

Rules Promulgated Pursuant to Authority Vested in the State Commissioner of Health
by Section 452 of the Public Health Law

(Adopted December 31, 1935; amended April 16, 1938, September 30, 1942, November 30, 1945, May 27, 1946, December 2, 1946, September 3, 1948, April 13, 1954, August 13, 1954, November 14, 1955, April 9, 1956, June 18, 1956, October 23, 1958, June 16, 1959, and April 22, 1960, to be effective on and after April 22, 1960.)

Each state tuberculosis hospital shall be part of the division of tuberculosis control and under the supervision of the assistant commissioner for tuberculosis control through the general director of tuberculosis hospitals. Each director's duties shall be those defined by section 452 of the Public Health Law and by these rules.

Rule 1. Hospital districts. The following districts to be served by the state tuberculosis hospitals are hereby designated:

a. The Oneonta District shall be comprised of Chenango, Columbia, Cortland, Delaware, Dutchess, Fulton, Greene, Herkimer, Lewis, Madison, Montgomery, Oneida, Otsego, Putnam, Rensselaer, Schoharie and Sullivan counties and shall be served by the Homer Folks Tuberculosis Hospital at Oneonta, N.Y.

b. The Mount Morris District shall be comprised of Allegany, Cattaraugus, Cayuga, Chautauqua, Chemung, Erie, Genesee, Livingston, Onondaga, Ontario, Orleans, Oswego, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming and Yates counties and shall be served by the Mount Morris Tuberculosis Hospital at Mount Morris, N.Y.

c. The Ray Brook District shall be comprised of Clinton, Essex, Franklin, Hamilton, Jefferson, St. Lawrence and Warren counties and shall be served by the Ray Brook State Tuberculosis Hospital at Ray Brook, N.Y.

Rule 2. Tuberculosis case and contact register. Unless otherwise stipulated by the assistant commissioner for tuberculosis control, each hospital shall maintain an active tuberculosis case and contact register for each county in its district. Reports of tuberculosis cases shall be routed to and from the district tuberculosis hospitals according to central office regulations.

Adm. Rules & Regs.
Title XIII, Rules 3, 4

Rule 3. Services provided by each hospital. Each hospital shall provide within its respective district:

a. Unless otherwise stipulated by the assistant commissioner for tuberculosis control, diagnostic chest clinics for tuberculosis cases, contacts and suspects through outpatient service within the hospital and through itinerant clinics. Except in unusual instances, all patients attending any clinics maintained by the hospital shall present an admission card signed either by the attending physician or the health officer.

b. Scientific and progressive study, care, and treatment for all patients within the hospital.

c. Appropriate research studies in clinical, pathological, bacteriological, epidemiological, and other aspects of tuberculosis.

d. Clinical and therapeutic services both within the hospital and at the itinerant clinics for the follow-up of discharged cases and contacts.

Rule 4. Admission, study, and treatment of patients. The director shall have full authority over, and responsibility for, the admission, type of study, duration of care and treatment, and the discharge of patients in accordance with the following procedures:

a. The director shall furnish, upon request, to physicians and health officers, application blanks for the admission of patients.

b. Application for the admission of persons suffering from tuberculosis or suspected of having tuberculosis in any form who live in a county served by a state tuberculosis hospital may be made directly to the director of the hospital by: (1) A private physician or health officer; insofar as possible, such application shall be made on the prescribed form and shall be considered as bona fide evidence that the patient is in need of tuberculosis hospital care and treatment; (2) The patient or a member of his immediate family; (3) A public welfare official.

c. Except in an emergency, a patient in a county not included in a state tuberculosis hospital district shall be admitted to a state hospital only when suitable facilities are not available in the county or city in which he has local residence or when the facilities of the state hospital are particularly suited for the care and treatment indicated.

Applications for such admissions may be made by: (1) the superintendent or medical director of any county or city tuberculosis hospital; (2) the New York City Department of Hospitals for residents of New York City; (3) a hospital admission agency or any other similar agency authorized for the purpose by a county board of supervisors, and (4) the state commissioner of health or his designated representative.

d. The determination of the residence and charge status of patients admitted to state tuberculosis hospitals shall be in accordance with procedures prescribed by the central office of the division of tuberculosis control.

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Title XIII, Rules 4, 5, 6

e. Except in an emergency, when application is made by a physician for the admission of a patient suffering from pulmonary disease in which there is no evidence of tuberculosis, or in which tuberculosis is not suspected as being the cause of the disease, the director shall complete arrangements for the payment for the care and treatment of such patient by the patient, his family, a friend, the children's court, or public welfare official, before admission is approved.

f. The director shall admit patients in the order of their applications as suitable vacancies occur. Persons with local residence in the hospital district shall receive preference. However, if there exists a bona fide emergency, a person may be admitted without reference to such waiting list.

g. Following the admission of a patient, the director shall cause to be made such clinical studies as may be indicated. A report of the findings of preliminary studies shall be made to the referring physician as soon as practicable. Subsequent reports of the patient's progress shall also be made, as indicated, to the referring physician. As soon as practicable after admission, the director shall send to the county or part-county health officer, city health officer (in cities of 50,000 population or over), or district state health officer in whose jurisdiction the patient resides, the name, address, and diagnosis of every patient admitted to the hospital and report to him as to whether the examinations of the sputum of each patient show the presence or absence of tubercle bacilli. The medical records of all patients shall be routinely reviewed and evaluated by members of the clinical staff.

Rule 5. Discharge of patients. a. The director of each tuberculosis hospital shall determine the type of medical supervision which shall be furnished to every patient discharged from the hospital. Upon discharge of a patient, the director shall make a suitable report to the patient's physician, which shall include a statement of the patient's home address, diagnosis, whether examination of the sputum shows the presence or absence of tubercle bacilli, and other suitable data regarding the patient's clinical condition and recommendations concerning the type of supervision indicated. A copy of such report shall be sent to the county or part-county health officer, city health officer (in cities of 50,000 population or over), or district state health officer in whose jurisdiction the patient resides. Reports of the status of discharged patients who are residents of New York City shall be forwarded to the department of health in New York City.

b. The director shall provide for subsequent examination and supervision of discharge patients as far as possible with the facilities and personnel at his disposal.

Rule 6. Discipline. The director is responsible for the discipline of patients. Any patient whose conduct is contrary to the satisfactory administration of the hospital may be disciplined or discharged at the discretion of the director. A report of all disciplinary discharges shall be made in writing and forwarded to the general director of tuberculosis hospitals within a reasonable time.

Adm. Rules & Regs.

Title XIII, Rules 7, 8, 9, 10

Rule 7. Fees prohibited. a. Unless a person is specifically employed by any state tuberculosis hospital on a definite part-time basis and such part-time basis is specified in the formal notice of appointment, he shall be considered a full-time employee. No full-time employee shall receive any tips, gifts, gratuities, or monies for any service, materials, or advice, except as hereinafter provided by these rules and the rules of the director approved by the state commissioner of health.

b. No physician who is a full-time employee of any state tuberculosis hospital shall accept any money, gift, or gratuity for any advice, examination, or treatment.

c. If any practicing physician desires a consultation with any member of the medical staff and, in requesting such a consultation, stipulates that a fee shall be charged, then such staff member shall explain to the physician, or the patient, that he is not allowed to accept fees, but the patient may make a voluntary contribution to the patient's welfare fund which is maintained by the director.

Rule 8. Research and publications committee. a. There shall be a hospital research and publications committee which shall be composed of the general director of tuberculosis hospitals, chairman, the principal thoracic surgeons, and the directors of the state tuberculosis hospitals. This committee shall review and approve, prior to execution, all major research projects to be undertaken in all state tuberculosis hospitals. All theses, papers and articles by members of the staffs of the tuberculosis hospitals which are intended for publication, except regular reports, shall be reviewed and approved by the research and publications committee prior to publication

b. No member of the resident staff of a state tuberculosis hospital shall participate in public lectures, presentations or discussions relating to tuberculosis or allied subjects without approval of assignment by the respective director.

Rule 9. Consulting staff. Each director shall nominate to the State Commissioner of Health such person, or persons, as he deems qualified for appointment to the board of consultants in accordance with section 440 of the Public Health Law.

Rule 10. District tuberculosis control service. The director of each state tuberculosis hospital shall formulate, with the regional health directors and the county or part-county health officer, city health of-

Adm. Rules & Regs
Title XIII, Rules 10, 11, 12

ficer (in cities of 50,000 population or over), or district state health officer concerned, an adequate program of tuberculosis control for his hospital district.

Rule 11. Clinic (outpatient) and consultation service. a. The director shall establish an outpatient service at the hospital and provide itinerant chest clinics in accordance with the policy of the division of tuberculosis control.

b. Upon request to the director, members of the medical staff of the hospital shall be available for consultation service to the practicing physicians of the area.

c. The director and members of the medical staff of each state tuberculosis hospital are encouraged to accept appointments to the consulting or courtesy staffs of other hospitals, such services to be rendered without remuneration.

Rule 12. Director's administrative responsibility. The director of each state tuberculosis hospital shall be its chief executive and medical officer and as such shall:

a. Under the general direction of the state commissioner of health, through the general director of tuberculosis hospitals, have full supervision and administrative control of the hospital and of the professional services therein.

b. Make such rules and regulations as he may deem necessary to insure good conduct, fidelity, and economy in every department.

c. Be responsible for the property of the state, its protection, development, maintenance, and operation.

d. As treasurer of the hospital, perform such duties as are directed by law and required by the state commissioner of health.

e. Appoint all subordinate officers and employees of the hospital subject to the provisions of the civil service law. Such officers and employees shall be directly responsible to him and may be removed by him according to the civil service law. In the event of the disciplinary removal of an officer or employee, the director shall forward a written report of such action promptly to the general director of tuberculosis hospitals.

f. (1) Cause a medical examination to be made of every newly appointed employee, such examination to include a tuberculin test and an x-ray of the chest. (2) Re-examine by x-ray, at suitable periodic intervals, all employees who reacted positively to tuberculin at such first examination, retest with tuberculin all employees previously negative to tuberculin, and x-ray the chests of those whose reactions have changed from negative to positive. (3) X-ray the chests of all previously positive tuberculin reacting, and retest with tuberculin all previously negative tuberculin reacting employees prior to their severance of employment at the hospital. (4) Keep suitable records of the results of all the examinations and treatments performed on employees.

Adm. Rules & Regs.

Title XIII, Rules 12, 13, 14

g. Direct the assignment of duty, training, and instruction of subordinate officers and employees.

h. Furnish the following reports: (1) A report of the proceedings of the periodic inter-hospital medical conferences. (2) An annual report at the end of each year of the activities of the hospital for the preceding year. (3) Such other periodic and special reports as may be required by law, by these regulations, and by the state department of health.

Rule 13. Vacation and sick leave. Vacations and leaves of absence shall be in accordance with civil service rules established for institutional employees.

Rule 14. Communications. All communications to the central office shall be sent to the division of tuberculosis control, attention of the person concerned. The original and one copy of all communications to other state departments in Albany shall be addressed to the appropriate person but sent to the division of tuberculosis control for forwarding, unless a different procedure is prescribed by the general director of tuberculosis hospitals for certain types of communications.

TITLE XIV

**STATE AID REIMBURSEMENT FOR EMERGENCY HOSPITAL CARE
AND TREATMENT OF LOCAL CHARGES (TUBERCULOSIS)**

Rules Promulgated by the Commissioner of Health Pursuant to Section 638 of the
Public Health Law

(Adopted July 1, 1948; amended April 13, 1954 to be effective on and after June 1, 1954.)

Rule 1. Scope. a. These rules shall apply only to state aid reimbursement for emergency hospital care and treatment of local charges pursuant to the provisions of section 634 and section 636 of the Public Health Law as enacted in Chapter 842 of the Laws of 1948, and re-enacted by Chapter 879 of the Laws of 1953.

b. These rules shall not apply to "routine" state aid reimbursement for the hospital care and treatment of local charges pursuant to the provisions of sections 630, 631, 633 and 636 of the Public Health Law as enacted in Chapter 999 of the Laws of 1946, and re-enacted by Chapter 879 of the Laws of 1953.

c. The term "local charge" as used herein is defined in section 2200, subdivision 5 of the Public Health Law, namely, "Local charge shall mean any person suffering from tuberculosis or suspected of having tuberculosis and in need of tuberculosis hospital care and treatment therefor who has acquired local residence, as defined in this article."

Rule 2. Limitations. Counties or cities shall be eligible for state aid reimbursement in the amount provided for in the Public Health Law for expenditures made for the emergency care and treatment of local charges only when such care and treatment has been given in the State of New York on or after July 1, 1948, under the conditions herein prescribed, in any of the following types of hospitals, sanatoriums or other facilities:

- a. General, orthopedic or children's hospitals identified as such by the American Medical Association in the Hospital Number of the Journal of that Association.
- b. Private or voluntary tuberculosis hospitals.
- c. Tuberculosis boarding homes or cottages approved by the health officer having jurisdiction, on the basis of standards established by the state commissioner of health.

Rule 3. Definition of emergency conditions. An emergency shall be deemed to exist when care and treatment as herein specified is given under any of the following circumstances:

- a. "Overflow" cases. When a suitable bed is not available for a local charge in the tuberculosis hospital facility or facilities regularly or principally used by the respective county or city,

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Title XIV, Rules 3, 4, 5, 6

or by some other county or city, or by the state for the care and treatment of tuberculosis patients. Claims for reimbursement for care and treatment under such circumstances must be accompanied by a statement to that effect by the full-time health officer, tuberculosis hospital superintendent or other person or agency officially responsible for tuberculosis hospital admissions.

- b. Medical emergencies. When the existence of an obvious medical emergency makes it impracticable to make arrangements for the immediate care and treatment of a local charge in a tuberculosis hospital facility regularly or principally used by the respective county or city for the care and treatment of tuberculosis patients.
- c. Admissions for nontuberculous conditions. When a person who has been admitted to a general, orthopedic or children's hospital for the treatment of a nontuberculous disease or condition is subsequently found to have tuberculosis requiring care and treatment and continues to receive care and treatment in such hospital primarily for tuberculosis. Under such circumstances, if a county or city pays such hospital for the cost of such care and treatment, state aid reimbursement shall be available only from the date of diagnosis of tuberculosis.

Rule 4. Duration of emergency. Any emergency as herein defined shall be deemed to exist until such time as the patient may with safety be transferred to an available bed in a tuberculosis hospital facility regularly or principally used by the respective county or city, or by some other county or city, or by the state for the care and treatment of tuberculosis patients.

Rule 5. Definition of care and treatment. Hospital care and treatment of local charges under the conditions herein defined may include any procedures and services within the following categories which are generally accepted among tuberculosis specialists and which are not specifically disapproved by the state commissioner of health:

- a. X-ray, laboratory or other diagnostic examinations.
- b. Medical, surgical, dental, nursing, orthopedic or other treatments, procedures or appliances.
- c. Procedures and services for the vocational and physical rehabilitation of such patients.
- d. Any necessary clothing, eyeglasses, dentures or hearing aids for patients who can not provide them for themselves, upon the specific approval of the hospital medical director.

Rule 6. Determination of residence status. The county or city applying for or making a claim for state aid reimbursement under the conditions

herein defined shall be responsible for any determination of the residence status of the patients concerned.

7. Applications and claims. The method of submission of applications and of claims for state aid reimbursement under the conditions herein defined shall be in accordance with instructions and on forms prescribed by the state commissioner of health.

TITLE XV

VACCINE AND VACCINATION AGAINST TUBERCULOSIS

Rules Promulgated by the Commissioner of Health Pursuant to Article XVI, Section 311-a of the Public Health Law

(Adopted May 1, 1948)

1. Only vaccine that has been produced under certificate of approval issued by the Commissioner for this purpose or that has been produced under license issued by the United States Public Health Service shall be used. Vaccine shall not be used later than the date stamped on the container. Vaccine, other than dehydrated preparations, shall be kept constantly at 4-5° C. until used.

2. Only persons who do not react to 0.1 mg. of old tuberculin or to 0.0002 mg. of Purified Protein Derivative (P.P.D.) shall be vaccinated with BCG.

3. The vaccination shall be performed on the left upper arm (in right-handed persons, and vice versa) or on the thigh.

4. The site of vaccination shall be cleansed with alcohol and allowed to dry. If the multiple puncture method is used, the cleansed skin shall be dried with ether.

5. One of the following methods of vaccination shall be used, unless special permission for the use of another method is obtained from the state commissioner of health.

(a) **Intracutaneous Method.** The vaccine prepared for this method contains 1.0 mg. of microorganisms per ml. Do not use the material prepared for the multiple puncture and scarification methods. Use a sterile 1.0 ml. tuberculin syringe and a fine needle, preferably 26 gauge. Be sure the syringe does not leak around the piston or where the needle joins. Holding the skin taut, inject intracutaneously, taking care to avoid subcutaneous injection, 0.1 ml. of the vaccine. The bevelled side of the needle shall be upward.

(b) **Multiple Puncture Methods.** The vaccine prepared for these methods contains 20 mg. of microorganisms per ml. and shall be administered as follows:

(1) Use a sterile 1.0 ml. tuberculin syringe and a larger needle, preferably 19 gauge. Holding the arm or thigh in a horizontal position and the skin taut, place three to four large drops of the vaccine on the cleansed area and, with the side of the needle, spread it evenly over an area 3 by 4 cm. Holding the needle between the thumb and the index finger, about 2 cm. from the point and with the shaft tangential to the skin, make twenty to forty punctures in

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Title XV, Rules 5, 6

four or five rows, about $\frac{1}{2}$ cm. apart. Exert pressure, mainly by the downward stroke of the thumb, firmly enough for the needle point to pierce the epidermis, but not so as to cause more than pin-point bleeding. Still with the skin taut, rub the vaccine gently over the punctured area with the side of the needle. Allow to dry for one or two minutes.

- (2) If available, a spring-actuated instrument performs the multiple puncture vaccination effectively and uniformly. A 4 x 4-cm. piece of thin paper or cellophane, sterilized for fifteen minutes at 100° C., is moistened on both sides with BCG vaccine (20 mg. per ml.) in a sterile Petri dish and is placed on the ether-cleansed skin. The apparatus is cocked. The skin is held taut by grasping the arm or thigh on opposite sides. The headplate is evenly pressed against the paper and the trigger is pushed. The needle plate descends and the needle-points become coated with the vaccine as they perforate the paper and enter the epidermis to a depth of 1 to 3 mm. The paper is removed after one or two minutes. No bandage is necessary over the vaccinated area. Pin-point bleeding may be seen in the punctures when the skin is stretched. Excessive spontaneous bleedings should be avoided; they can be controlled readily by adjusting the extension of the needles to 2 or 3 mm. beyond the headplate. Between each vaccination, the apparatus is disinfected by immersing the headplate with the needle-points protruding in boiling water from 10 to 20 seconds, followed by 10 to 15 seconds in cold sterile water. The apparatus is then placed on a pad of sterile absorbent cotton to remove excess water.

- (c) **Scarification Method.** Instead of puncturing the cleansed area of the skin, make 3 or 4 linear scarifications 1 cm. long through each of three or four large drops of the vaccine in infants and 6 to 8 scarifications 2 cm. long in adults. The scarifications shall be about $\frac{1}{2}$ cm. apart. With the skin still taut rub the vaccine gently over the area with the side of the needle. Allow it to dry for one or two minutes.

6. A positive reaction to tuberculin is essential for protection. Therefore, all vaccinated persons shall be tested two to three months after vaccination with 0.1 mg. of old tuberculin or 0.0002 mg. of Purified Protein Derivative (P.P.D.). Readings shall be made at 48-72 hours, preferably 72 hours after the test is performed. A positive reaction should present definite edema of at least 6 mm. diameter, regardless of whether redness is present or not. If the tuberculin test gives less than the required reaction, revaccination with the same dose of BCG is recommended.

TITLE XVI

APPROVED METHODS OF VACCINATION AGAINST SMALLPOX

Rules Promulgated Pursuant to Authority Vested in the State Commissioner of Health
by Section 2132 of the Public Health Law

(Adopted March, 1925, amended July 25, 1939 and October 19, 1955, to be effective on and after October 19, 1955; Rule 9 repealed as of December 7, 1956.)

Rule 1. Only vaccine which has been kept constantly cold shall be used.* Vaccine shall not be used later than the date stamped upon the container.

Rule 2. The vaccination should be performed on the arm (preferably the left arm in right-handed persons, and vice versa), over the insertion of the deltoid muscle. Vaccinations on the leg are not recommended, but if so done, the person vaccinated should rest in bed from the time of the appearance of the vesicle until the crust is well formed.

Rule 3. The arm should be clean, and should be prepared with a volatile disinfectant, which must be allowed to evaporate completely before the vaccine is applied or the skin broken. Care must be taken not to use alcohol which has been denatured with bichloride or mercury or other non-volatile disinfectant.

Rule 4. One of the following methods shall be used, unless special permission for the use of another method is obtained from the state commissioner of health:

- (a) **Single scratch method.** This consists of a single superficial scratch with a sterile needle. An attempt should be made not to draw blood. The scratch should not be more than one-eighth of an inch long and may be made through a drop of vaccine, or the vaccine may be applied afterward. The vaccine should be gently rubbed into the scratch with the side of the needle or other suitable sterile instrument.
- (b) **Multiple pressure method.** This consists of pressures against the skin with the side of a needle point through a drop of vaccine. The needle is held parallel to the skin and the flat side pressed into the skin in such a way that the point of the needle passes through the drop of vaccine. Although the needle is merely pressed flat against the skin, the point will make a tiny but practically invisible scratch which nevertheless is sufficient to introduce the virus into the superficial layers of the skin. From five to ten pressures should be made rapidly, lifting the needle clear of the skin each time, with care to

* 40° F. or lower. The optimum temperature is about 10° below the freezing point.

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limit the insertion to a skin area not to exceed one millimeter in diameter. If properly performed the skin will not be broken, and only a minute indentation will be visible after the procedure at the point of vaccination.

Rule 5. The following methods are specifically disapproved:

- (a) Cross-hatching
- (b) Multiple scratches, or scarifications, less than one inch apart
- (c) Scratches more than one-fourth of an inch in length.

Rule 6. (a) If the person vaccinated has a scar of a previous vaccination, or if he has a history of possible smallpox, he shall be instructed to return for observation within forty-eight hours and again on the fifth to seventh day.

(b) If he has no scar nor a history of possible smallpox, on the fifth to seventh day.

Rule 7. If no reaction of immunity appears within forty-eight hours, or if a reaction resembling the reaction of immunity appears later than forty-eight hours, and proves not to be a primary vaccinia or vaccinoid when observed on the fifth to seventh day, a second vaccination should be performed, being sure to use potent vaccine and being careful as to technique. A reaction should occur in every instance. Failure to find it means impotent vaccine, improper technique, or possibly the use of disinfectants by the person vaccinated at some time shortly after the vaccination was performed.

Rule 8. The person vaccinated is to be instructed by the physician in the proper care of the vaccination. No "shields" of any sort shall be provided or recommended. After the vesicle has developed six to eight thicknesses of gauze strapped at the edge with adhesive tape may be worn as a protection. The gauze should be of sufficient size to prevent the adhesive tape from covering any part of the inflamed area of the skin. The person vaccinated should be warned against injury to the vaccination or excessive use of the arm (or leg). The crust which finally forms should be allowed to fall off.

TITLE XVII
VITAL RECORDS*

Rules Promulgated Pursuant to Authority Vested in the State Commissioner of Health
by Section 4174 of Article 41 of the Public Health Law

Rule 1. The New York state department of health shall make searches and issue certifications and certified copies of birth, death, and marriage records without charge to:

(a) Local or state organizations of war veterans in connection with claims for soldiers' burial fees, markers for soldiers' graves, and securing relief for veterans or their families.

(b) Applicants for enlistment in the U.S. Armed Services or the Merchant Marine.

(c) Persons of any age filing applications with the state employment bureau.

(d) Persons residing in Canada applying to Canadian authorities for public relief or veterans' claims, providing the province of Canada in which applicant resides furnishes similar information gratis to persons residing in the United States.

(e) Children under the age of sixteen — limited to certifications of birth.

(f) Persons who were either adopted or whose paternity was established by law, limited to a certification of birth made out in the name by which the person is designated in the adoption or filiation papers.

(g) Federal, state or municipal departments for official purposes.

Rule 2. The New York state department of health may make searches and issue information from or copies of birth, death, and marriage records for public health research or medical purposes at the fees specified in section 4174 of the Public Health Law.

*Former Rule 1 adopted May 24, 1940 was repealed effective June 15, 1959, and new Rules were adopted June 10, 1959, effective June 16, 1959.

TITLE XVIII

**INFORMATION OBTAINED UNDER THE PROVISIONS OF STATE
OR FEDERAL LAWS**

Rules Promulgated by the State Commissioner of Health Pursuant to Authority Vested
in him by Section 19-d, Article II-C of the Public Health Law

(Adopted August 28, 1950)

1. Confidential information. a. All information as to personal facts and circumstances in the Maternal and Child Health and Crippled Children's Programs shall be considered privileged communications and shall be held confidential, and (1) except only in summary, statistical or other form which does not identify particular individuals and (2) except as may be necessary to provide services to individual mothers and children, such records shall not be divulged without the consent of the patient, parent or guardian.

b. This rule and regulation shall apply to state, municipal, private and voluntary agencies. Information divulged to such agencies shall be confined to that necessary to achieve the specific purpose involved and shall be released only after appropriate assurances are received that the information will be held confidential in accordance with the provisions of this regulation.

Effective date. This rule and regulation to be effective September 1, 1950.

TITLE XIX

APPROVAL OF SODA STRAW DISPENSERS

Rules Promulgated by the State Commissioner of Health Pursuant to Authority Vested in him by Section 343-a, Article XVII of the Public Health Law

(Adopted February 25, 1954, effective February 25, 1954.)

Rule 1. Definitions. a. The word "straw" shall mean unwrapped straw, tube or similar device for drinking out of glasses, cups or containers of any type.

b. The word "dispenser" shall mean a device for distributing unwrapped straws to the ultimate users.

Rule 2. Dispensers shall be approved only when constructed in conformity with the following requirements:

a. All parts of the dispenser which came in contact with straws shall be made of material which is non-toxic, corrosion-resistant and does not absorb moisture.

b. All surfaces which come in contact with straws shall be smooth and free from dents, pits and cracks.

c. The compartment holding the straws shall be sufficiently tight to prevent the entrance of dust and insects.

d. All surfaces subject to contamination shall be visible and easily cleanable when the dispenser is opened or disassembled. All separable parts shall be removable without tools.

e. The dispenser shall be easily loadable without touching or contaminating the straws or any surface of the dispenser with which the straws come in contact.

f. The dispenser shall be capable of delivering a single straw to the ultimate user, without hand contact or contamination of the straws remaining in the dispenser or any interior part of the dispenser.

TITLE XX

APPROVAL OF MILK DISPENSING DEVICES

Rules Promulgated by the State Commissioner of Health Pursuant to Authority Vested in him by Sections 201 and 1400 of the Public Health Law*

(Adopted October 15, 1954, amended August 19, 1955, effective August 19, 1955.)

Rule 1. Definition and scope. For the purpose of these rules and regulations a dispensing device is defined as a cabinet and containers used for storing homogenized milk under refrigeration together with appurtenances designed for dispensing individual servings of such milk. Dispensers used for fluid milk products, except half and half or cream, shall conform to the requirements for milk dispensers. Dispensers allegedly designed to dispense other specific fluid milk products, except half and half or cream, shall conform to the requirements for milk dispensers. (Enacted August 19, 1955, effective August 19, 1955.)

Rule 2. Material. a. All interior and exterior surfaces of the cabinet and all exposed surfaces of appurtenances shall be of durable, non-absorbent, corrosion-resistant material.

b. All multiple use milk contact surfaces shall be made of durable, corrosion-resistant non-toxic metal.

c. All single use parts with milk contact surfaces shall be made of material that is non-toxic, stable, non-absorbent and insoluble in milk. Single use metal parts with milk contact surfaces shall be corrosion-resistant.

Rule 3. Surface finish. a. All interior and exterior exposed surfaces of both cabinet and appurtenances shall be as smooth as No. 2-B mill finish properly applied on stainless steel.

b. All multiple use milk contact surfaces shall be as smooth as No. 2-B mill finish properly applied on stainless steel.

c. The milk contact surfaces of the single use parts shall be smooth and free of any loose material.

d. No threads shall be used on milk contact surfaces or shall be exposed to milk.

e. Knurled surfaces shall not be used.

Rule 4. Fabrication. a. All surfaces within the refrigerated portion of the cabinet which are not on removable parts shall be visible and accessible for cleaning with the door in open position.

b. All interior seams or permanent joints of the cabinet shall be moisture tight. All exterior seams or permanent joints of the cabinet shall be sealed against moisture.

*See also: Regulation 31, Chap. 3, Sanitary Code.

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Title XX, Rule 4

c. All appurtenances within the refrigerated portion of the cabinet shall be removable without the use of tools and when removed shall be disassemblable without the use of tools. When disassembled all surfaces of such appurtenances shall be visible and accessible for cleaning.

d. All seams or permanent joints of appurtenances shall be welded or sealed with durable, non-absorbent, corrosion-resistant material and shall be smooth and flush.

e. The angle between the sides and bottom and the angle between the side walls of the interior cabinet shall have a radius of not less than $\frac{1}{4}$ ".

f. Drainage shall be directed away from the dispensing mechanism and the filling position of the service container. Drain ports which are permanently attached to the cabinet shall be of straight bore, not less than $\frac{1}{4}$ " inside diameter, if less than 2" long and not less than $\frac{1}{2}$ " inside diameter if over 2" long and shall have no interior angles. Permanent drain ports or removable tubes shall not terminate within or beneath the cabinet.

g. No surface of the dispensing mechanism shall drain into the service container while in filling position.

h. The cabinet shall have legs of sufficient length to provide at least three inches of unobstructed space between the bottom of the cabinet or any projection therefrom and the surface upon which it is to be installed or the bottom shall be designed for sealing to the surface on which it is installed. The legs, if of hollow stock, shall be sealed against moisture. Legs shall have no internal angles.

i. The door gasket shall be sealed in place against the entrance of moisture behind it or shall be removable without tools. Removable door gaskets shall have no internal angles. Hollow gaskets shall be sealed against the entrance of moisture into the internal cavity. Exposed surfaces of gaskets shall have no internal angles.

j. The refrigeration breaker strip if used shall be sealed or gasketed against the entrance of moisture behind it, or shall be removable without tools. Exposed surfaces of refrigeration breaker strips shall have no internal angles.

k. The dispensing mechanism, whether attached to the cabinet or located in or attached to the container shall be completely disassemblable without the use of tools. When disassembled all surfaces shall be visible and accessible for cleaning.

l. The air temperature of the refrigeration zone of the cabinet shall be maintainable at 50° F. or lower when controls are set for maximum temperature.

m. Milk in the dispensing tube shall be maintainable at 50° F. or lower when controls are set for maximum temperature.

n. Not more than 1" of dispensing tube shall be empty of milk beyond the point of closure under normal operating conditions of no flow,

unless the tube is maintainable at 50°F, or lower when controls are set for maximum temperature. When the dispensing tube is self-draining into the container not more than 1" of tube shall be empty of milk under normal operating conditions of no flow unless the tube is maintainable at 50°F, or lower when controls are set for maximum temperature.

Rule 5. Container and Multiple Use Product Contact Surface. a. The container shall have a capacity of not less than 10 quarts or not more than 40 quarts and shall be designed to be washed, sanitized and filled only at the place of pasteurization of the milk with which it is filled. All interior surfaces of the container and cover shall be seamless or welded and ground smooth.

b. All surfaces of permanent attachments to the container with which milk comes in contact, shall be visible and accessible. Such attachments shall be welded or brazed to the container with durable, corrosion-resistant, non-toxic material. Such joints shall be smooth and flush.

c. Permanently attached outlet tubes shall be of uniform straight bore, and the interior and exterior of the tube shall be visible when viewed from outside the container.

d. The container shall be provided with means for sealing of all openings. The filled and sealed container shall be tamper-proof so that the milk cannot be withdrawn or any substance added to the contents without breaking the seals on the cover or destroying the emptying device or emptying device seal or changing such device or seal to an extent that it cannot be returned to its original condition.

6. Single Service Parts. a. All single use dispensing tubes shall be clean, commercially sterile and shall be enclosed in a protective covering, designed to remain in position until the container is placed in the cabinet and prepared for operation.

b. All dispensing tubes shall be designed for installation on or in the container at the place of filling the container.

c. A moisture-tight compartment or covering shall be provided for the protection of the entire dispensing tube attached to the container. A compartment if used shall be provided with a moisture-tight closure, removable after the container is placed in the cabinet. The compartment closure shall be so made that it cannot be reused or returned to its original condition after removal. The tube covering shall be removable after the container is placed in the cabinet and shall be so made that it cannot be reused or returned to its original condition after removal. The discharge opening of the dispensing tube shall be provided with a moisture tight single use closure or plug and a single use covering removable after the dispensing tube is placed in the operating position.

d. Single service dispensing tubes shall be of predetermined length.

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Title XX, Rules 7, 8

Single service dispensing tubes shall be made to be placed in operating position without cutting or by cutting only at a point not over 1/4" beyond the termination of the dispensing mechanism.

7. General. Any part of the cabinet, container, dispensing mechanism or dispensing tube not specified shall meet all applicable provisions of these rules and regulations.

8. Applications. a. A manufacturer desiring approval of a dispensing device under these rules and regulations shall file an application with the state commissioner of health on a form approved by the state commissioner of health.

b. A multiple application involving models of dispensing devices of varied sizes but identical details will be accepted.

c. Each dispensing device for which separate application is filed or at least one of a group included in a multiple application shall be made available for inspection at a place provided by the applicant in New York City or Albany.

d. The application form for the approval of a dispensing device shall be accompanied by drawings or photographs sufficient to identify all models on which approval is desired, by a scale drawing of the dispensing mechanism and tube used on each, with sufficient detail to permit determination of compliance with regulations 4-k, 4-n and 6-d, and by a duly authenticated report on the determination of temperature of milk in the dispensing tube, either within 1" of the discharge outlet if the tube is full beyond the closure or within 1" of the closure measured along the tube axis toward the container, if the tube is empty beyond the closure with evidence acceptable to the state commissioner of health that the temperature of the milk at this point, is 50°F. or less under operating conditions. Such report shall include hourly determinations of temperature at the indicated point, of the air in the refrigeration zone and of the ambient temperature during a period of twelve hours, under operating conditions with the refrigerated zone temperature at 50°F. or the maximum permitted by the temperature controls, in an ambient temperature of not less than 90°F. and without withdrawal of milk during the test period. In case of conflict, determination of such temperatures by authorized representatives of the state commissioner of health shall take precedence over any such report filed by the manufacturer. All attachments shall form a part of the application for approval.

e. Any material misrepresentation in the application or in attachments thereto as evidenced by the failure of actual equipment to conform to statements made therein shall render null and void any approval based on such defective applications.

TITLE XXI

USE OF COUNTY TUBERCULOSIS HOSPITALS FOR CHRONIC NONTUBERCULOUS DISEASES OF THE CHEST

Rules Promulgated by the State Commissioner of Health Pursuant to Authority Vested in him by Section 391-a of the County Law.

(Adopted April 15, 1957; amended October 15, 1957 to be effective on and after October 15, 1957.)

Rule 1. Definitions and scope. a. For the purpose of these rules, the term "hospital" is defined as being a county tuberculosis hospital operated under the provisions of the county law.

b. The term "director" is defined as the superintendent or medical director of a county tuberculosis hospital.

c. These rules shall apply to the admission to such hospitals for the diagnosis and treatment of persons suffering from chronic non-tuberculous diseases of the chest.

Rule 2. Approval by the state commissioner of health. No hospital may begin a program pursuant to these rules until specific approval has been given by the state commissioner of health. The determination of suitability and approvability shall be made on the basis of inspections and surveys of the hospital and evaluation of the problems and needs of the community. After such approval has been given, the state commissioner of health may rescind it if he finds that there is nonconformance to these rules.

Rule 3. Fire protection. In general, the provision for protection against fire shall be such as will at least meet the requirements of the National Board of Fire Underwriters and/or the criteria used by the New York State Hospital Survey and Planning Commission in the evaluation of hospital plants for long-range planning.

Rule 4. Separation of tuberculosis patients. There shall be provision for separation of patients with tuberculosis from those with other diseases to prevent transmission of infection.

Rule 5. Staff. There shall be an adequate number of physicians, nurses and auxiliary professional and nonprofessional personnel on the staff of the hospital.

Rule 6. Consultation services. Consultation services shall be utilized in accordance with accepted medical standards.

Rule 7. Staff conferences. Meetings of the medical staff shall be held regularly. Adequate records of such meetings shall be kept. Medical education and research shall be encouraged.

Rule 8. Medical services. Clinical, laboratory, X-ray and other routine and special examinations and tests, as well as treatment shall be provided in accordance with accepted good medical standards.

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Rule 9. Medical Records. Adequate medical records shall be maintained on all patients.

Rule 10. Admission, study and treatment of patients. a. The director shall have full authority of, and responsibility for, the admission, type of study, type and duration of care and treatment and the discharge of patients.

b. Application for admission shall be made directly to the director of the hospital by a physician.

c. Before approving the admission of a patient, the director may require a preliminary examination of the patient in the outpatient service of the hospital.

d. Except in an emergency, the director shall secure authorization regarding payment for the care and treatment of such patient.

e. No patient with any disease covered by these rules shall be admitted if there is a waiting list for the admission of persons suffering from tuberculosis or suspected of having tuberculosis.

f. The director shall admit patients in the order of their applications as suitable vacancies occur. He shall give preference to persons with local residence in the county served by the hospital; he may also admit patients from other counties as suitable vacancies exist.

g. Following the admission of a patient, the director shall cause to be made such clinical studies as may be indicated. A report of the findings of preliminary studies may be made to the referring or family physician as soon as practicable. Subsequent reports of the patient's progress may also be made, as indicated, to the referring physician. Upon discharge of a patient, the director shall make a suitable report to the patient's physician, including recommendations concerning the type of further supervision indicated, if any. The director may provide for the subsequent examination and supervision of discharged patients to the extent possible with the facilities and personnel at his disposal.

h. The director shall be responsible for the discipline of patients. Any patient whose conduct is contrary to the satisfactory administration of the hospital may be disciplined or discharged at the discretion of the director.

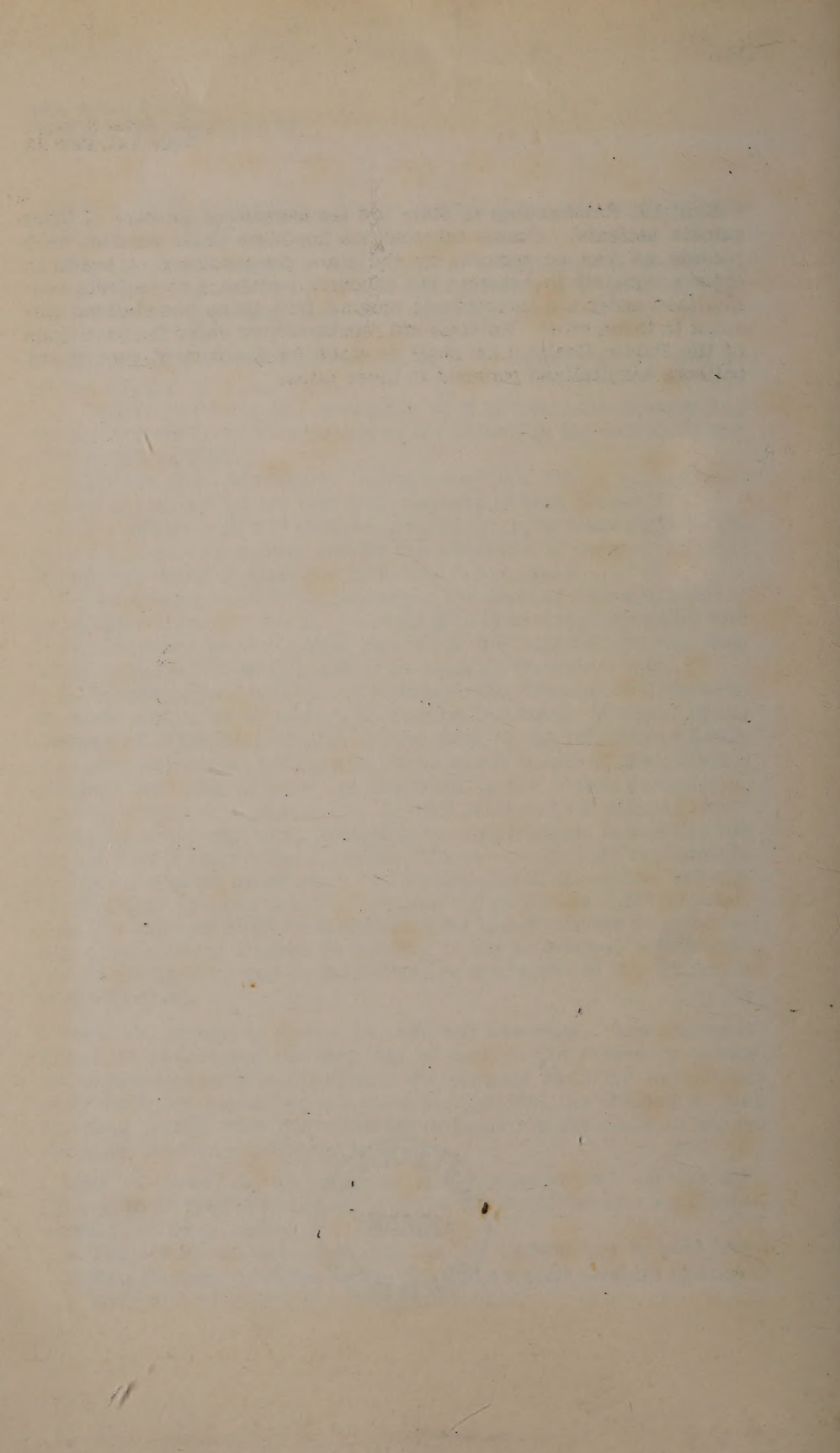
Rule 11. Amount of charge for care and treatment. The amount of money to be charged for each day of care to the person or agency which has accepted responsibility for payment shall not exceed the daily cost per patient of operating the hospital, as determined and approved by the state commissioner of health on the basis of procedures and reports established by him.

Rule 12. Fees. a. No employee of the hospital shall receive any tips, gifts or gratuities for any service for inpatients or outpatients pursuant to these rules.

b. Physicians who are consultants for the hospital may be paid fees from the appropriations for the hospital for their services in accordance with prevailing and agreed-upon rates.

Rule 13. Relationship to state aid reimbursement for care of tuberculosis patients. County tuberculosis hospitals shall maintain such records as may be required by the state commissioner of health in order adequately to separate the accounts pertaining to patients hospitalized under the tuberculosis program from those hospitalized pursuant to these rules. No state aid reimbursement under the provisions of the Public Health Law shall be made for the cost of care of any patients hospitalized pursuant to these rules.





THE ROYAL SOCIETY OF HEALTH

FOR THE PROMOTION

Founded 1876

LIBRARY REGULATIONS

(a) Books, periodicals and pamphlets may be borrowed by Fellows, Ordinary Members, Associates and Affiliates personally or by a messenger producing a written order. The person to whom such publications are delivered shall sign a receipt for them in a book provided for that purpose.

(b) Publications may be borrowed through the post, or by other means of carriage, upon a written order. The postage or carriage of publications returned to the Society shall be defrayed by the borrower.

(c) A borrower may not have more than three publications in his possession at one time.

(d) A borrower will be considered liable for the value of any publication lost or damaged while on loan to him, and, if it be a single volume or part of a set, for the value of the whole work thereby rendered imperfect. Marking or writing in the publications is not permitted, and borrowers are requested to call attention to damage of this character.

(e) Books and pamphlets may be retained for twenty-eight days. Periodicals may be retained for fourteen days. Applications for extension of the loan period must be made in writing before its expiry. No publication may be kept longer than three months.

(f) Books and pamphlets added to the library will not be lent until after the expiry of one month from the date received. The current number of a periodical may not be borrowed.

(g) Borrowers retaining publications longer than the time specified, and neglecting to return them when demanded, forfeit the right to borrow until they be returned, and for such further time as may be ordered by the Council.

Any borrower failing to comply with a request for the return of a publication shall be considered liable for the cost of replacing it, and the Council may, after giving due notice to him, order it to be replaced at his expense.

No publication may be reissued to the same borrower until at least seven days have elapsed after its return, neither may it be transferred by one borrower to another.

(h) Publications may not be taken or sent out of the United Kingdom.

(i) Publications returned through the post must be securely packed in a box or otherwise adequately protected.

(j) The Library may be used for reference by Fellows, Ordinary Members, Associates and Affiliates during the office hours of the Society.

(k) Parcels should be addressed:

THE ROYAL SOCIETY OF HEALTH

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